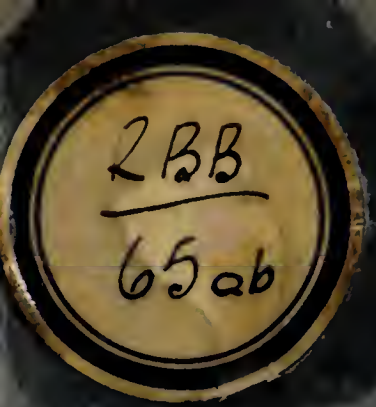
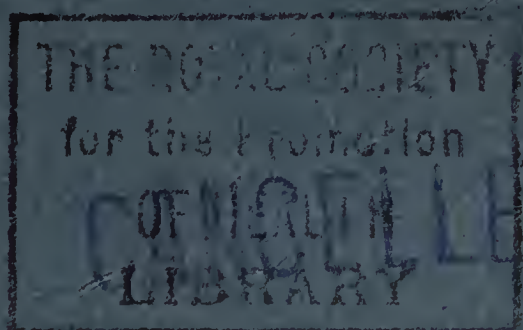




UGANDA PROTECTORATE

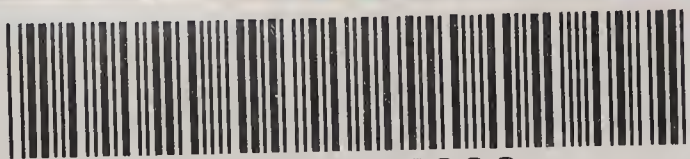
**Annual Report
of the
MINISTRY OF HEALTH**

For the Year from 1st July, 1960 to 30th June, 1961



Published by Command of His Excellency the Governor

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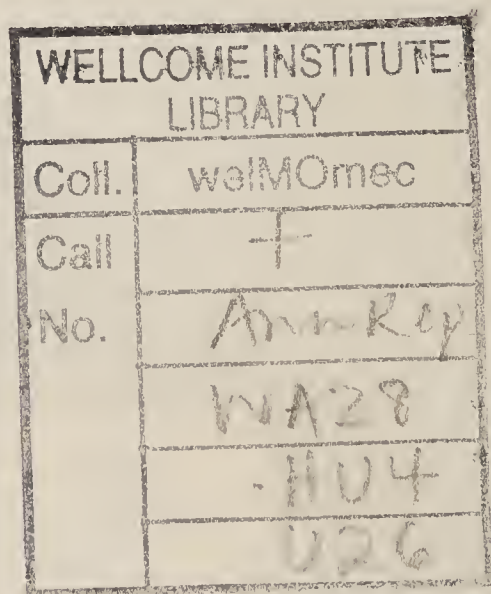
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1760-61

UGANDA PROTECTORATE

MINISTRY OF HEALTH

Annual Report

For the year from 1st July, 1960 to 30th June, 1961

I.—GENERAL REVIEW

The last report for the Ministry of Health was for an 18-month period. This report, for the first time, coincides with the Government financial year.

2. From the financial point of view the year has again been one of considerable difficulty since, as a result of the Economy Commission Report, it was necessary to restrict the money available for recurrent expenditure to the same level as the previous year. Although an additional sum was available to cover normal increases in salaries, the general effect was that many economies had to be made in all grades of staff; some important vacancies could not be filled, and expansion was out of the question. In spite of these financial restrictions, and although there were constant shortages throughout the year, particularly amongst medical officers and nursing sisters, services were maintained at a high level of efficiency.

3. In September 1960, an economic survey was carried out by a Commission appointed by the International Bank for Reconstruction and Development, which remained in Uganda for three months. The adviser on health to this Commission worked closely with the Ministry of Health and made extensive tours all over the country. A draft report was available before the end of the year and senior members of the Ministry's staff had the opportunity of discussing the draft with members of the Commission. The final report will be a valuable guide to the development of health and curative services in the future.

4. It has become abundantly clear that future development of the Medical Services can only mature if money is available and this in turn is mainly dependent on an increase in the country's total income. With continued financial stringency and a population increase at the rate of $2\frac{1}{2}$ per cent a year, hospital facilities will fall below the existing level. At the moment there are approximately 1.5 hospital beds per 1,000 of population. Thus to maintain this ratio, 250 additional beds a year are required to allow for the annual population growth. It follows that unless expenditure on the hospital services is increased at the same $2\frac{1}{2}$ per cent as the population growth, a drop in hospital facilities will be inevitable.

5. Progress on the construction of the New Mulago Hospital has been maintained and there is still every reason to expect that the building will be completed by the scheduled date of July 1962. The Mulago Autonomy Committee, appointed in 1959 under Mr. W. D. D. Fenton's chairmanship, was preparing its final report towards the end of the year. This Committee in its turn has received a report from Professor W. Melville Arnott of the University of Birmingham, and Mr. Geoffrey A. Phalp of the United Birmingham Hospitals, who visited Uganda from the 24th October to the November, 1960. The expert advice that this Committee has thus received will be incorporated in the final report.

6. The beginning of the year coincided with the disruption of medical and health services in the Congo, and there were also disturbances in Ruanda-Urundi. As a result there has been an increase in migration from these territories into Uganda. From these areas there has been threats of the introduction of plague and smallpox, and an increasing number of rabid dogs in the border areas has caused very serious concern. Special investigations were carried out in several areas where there was a risk of introduction of plague; the Vector Control Division intensified training in anti-plague for the staff in these areas and emergency arrangements were prepared to deal with any sudden outbreaks. In the event no cases of plague occurred in Uganda and the incidence of this disease in the Congo appeared to be diminishing at the end of the year. Some cases of smallpox were introduced into the West Nile District but effective vaccination campaigns, not only in this district but in all the areas contiguous with the Congo and Ruanda-Urundi borders, were vigorously maintained and no serious outbreaks of the disease occurred. With regard to rabies energetic measures were taken by the Veterinary Department to inoculate all dogs in the border districts, especially in Kigezi and West Nile. A large number of people were inoculated with rabies vaccine in these areas; fortunately there was only one death of a proved case of human rabies; this occurred in Kigezi District. Quantities of vaccine, both of the pre-exposure and post-exposure types, were kept available in all districts at risk.

7. Malaria continues to be the major endemic disease in the country. There is reason to believe that the disease is on the increase, and that the rising numbers of reported cases is not entirely due to the increased popularity of the hospital services. It is almost certain that this rise is the result of an increase in man-made breeding places due to the indiscriminate removal of soil from burrow pits by road constructors, uncontrolled irrigation schemes, and the increased construction of fish-ponds in areas which previously had a low incidence of malaria. The World Health Organisation malaria unit in Kigezi completed a successful year. It has been calculated that approximately 100,000 people have been protected, principally in the areas of north Kigezi. Towards the end of the year plans were being made for a surveillance of this area in the light of expected staff difficulties.

8. The administration of Sabin's oral poliomyelitis vaccine in urban and peri-urban areas of Uganda was continued and during the year 160,000 people received a second dose of the vaccine. It is intended that the oral vaccine should be available at all district centres in addition to the Salk vaccine. Oral vaccine

was offered free to children under five years, and persons over this age paid Sh. 1 per dose. This made it financially possible to maintain a large campaign without reducing other health activities.

9. The Council of Postgraduate Medical Training has been increased to 17 members, giving a wider representation of the Faculty of Medicine at Makerere College and other bodies particularly concerned with postgraduate training. The trainee registrar scheme which was begun in 1958 was continued. The first two final successes under this scheme were recorded during the year when one African registrar obtained the Fellowship of the Royal College of Surgeons at Edinburgh, and another became a Member of the Royal College of Physicians at Edinburgh. In addition another registrar successfully passed his primary F.R.C.S. A medical officer, not within the registrar training scheme, successfully passed his Diploma of Psychological Medicine.

STAFF

10. Following on the promotion of Dr. C. W. Davies as Permanent Secretary/Chief Medical Officer, Dr. B. E. C. Hopwood was promoted to the post of Deputy Chief Medical Officer. He had previously been promoted from Specialist (Industrial Medicine) to Principal Medical Officer during the period under review on the retirement of Dr. E. M. Clark. Dr. A. F. Fowler was then promoted to Principal Medical Officer.

11. In the Protectorate Estimates for 1960/62 the following new posts were established:—

12 Registrars (coupled with a reduction of five posts of Medical Officer).

3 Nursing Tutors.

6 Nursing Sisters/Health Visitors.

1 Health Inspector.

2 Sleeping Sickness Inspectors.

1 Assistant Hospital Superintendent.

1 Housekeeper.

1 Office Assistant/Accounts Assistant.

12. Recruitment of medical officers was fair, as 13 were recruited during the period under review, but this figure was offset by six medical officers leaving the service on retirement or termination of contract. At the end of June 1961, there were fifteen vacancies, eleven of which were filled by temporary appointments. Twelve nursing sisters were recruited during the year, but this increase was offset by 12 officers leaving the service on retirement or completion of contract. There were 33 vacancies in this cadre at 30th June, 1961, 27 of which were filled by local temporary appointments.

13. A Nutritionist was recruited in August 1960, but it proved impossible to recruit any Radiographers or Health Inspectors. One vacancy for a Pharmacist was filled by the appointment of an African who had qualified in the United Kingdom. The establishment of Physiotherapists remained filled.

14. The staff position at the Butabika Hospital for Nervous Diseases and Mulago Mental Hospital was good on the male side, as all posts for Charge

Nurses were filled, but only one post of Sister, Mental Hospital was filled substantively. The three vacancies were filled by local temporary appointments.

VISITORS

15. During the year a number of visitors held discussions with the staff of the Ministry, some of whom visited units.

Among these visitors were:—

Professor R. J. Kellar, Professor of Obstetrics and Gynæcology at the University of Edinburgh,

Professor R. B. Hunter, M.B.E., Department of Pharmacology and Therapeutics, University of St. Andrews,

both of whom were on the Colonial Office Panel of Medical Visitors.

Dr. Duncan Guthrie, Director of Polio Research Fund.

Dr. H. B. N. Hynes and Dr. T. R. Williams, from the Liverpool School of Tropical Medicine.

Dr. John Hanlon, Professor and Chairman of the Department of Preventive Medicine, Philadelphia.

Professor I. Aird, from Postgraduate Medical School, London.

Mr. A. N. Galsworthy, C.M.G., Assistant Under-Secretary of State, Colonial Office.

The Hon. Miss M. Bigge, a member of the Board of Governors of Great Ormond Street Hospital, and Miss M. Kirby, Matron of the above hospital.

Other visitors included:—

Miss A. Gindy, United Nations Economic Commission for Africa.

Dr. A. W. A. Brown, University of Zoology, Canada.

Mr. A. F. Daldy, Building Research Station, Watford.

Professor F. C. Ormerod, Professor of Laryngology and Otology.

Dr. A. B. Hadaway and Dr. R. L. Muller of the Colonial Pesticides Research Unit.

Dr. G. Craig, Professor of Biology, Indiana.

As in previous years members of, or consultant to, the World Health Organisation also visited Uganda. Among these were:—

Dr. Martha Eliot, Professor of Maternal and Child Health, Harvard.

Dr. F. Zumpt, Senior Entomologist and Lecturer, Medical Research Institute, Johannesburg.

Dr. Blankhart, Nutrition Adviser.

Dr. F. J. C. Cambournac, Regional Director of World Health Organisation.

Dr. P. P. Clement, East African Representative of World Health Organisation.

FINANCE

16. The reorganisation necessary to make the Ministry fully self-accounting was completed during the year. It was also possible to start a small internal audit section which has enabled stricter control of expenditure to be maintained and has caused a reduction in the number of audit queries raised.

17. Revenue collected during the year amounted to £186,655 which reflects an increase of £54,463 over 1959/60. The sum received in respect of Reimbursements, although not as high as it should have been, accounted for the major portion of the increase; there was also an increased collection of hospital fees and other charges. The arrangements for the collection of hospital fees have been tightened up and further increases in the revenue collected from this source are anticipated in the future.

18. Recurrent expenditure for the year amounted to £2,261,068 as compared with £2,104,359 in the previous year, the increase being wholly due to a rise in expenditure on personal emoluments. Approximately £100,000 of the total increase of £168,000 was in respect of the increased salaries payable retrospectively to April, 1960, as a result of the implementation of the recommendations of the Flemming Commission. Expenditure on Other Charges was slightly less than in 1959/60 and Special Expenditure reflected a notional decrease, due mainly to the transfer from the Revenue Budget to the Capital Budget of the item covering equipment for existing units. The Ministry's recurrent expenditure represented 10·37 per cent of the Protectorate total, compared with 10·73 per cent in 1959/60.

19. Capital expenditure amounting to £967,455 was mainly in respect of further progress with the construction of the New Mulago Hospital—£745,486. Expenditure on other medical buildings amounted to approximately only 50 per cent of the sum provided, owing to building delays and other factors beyond the control of this Ministry.

II.—VITAL STATISTICS

GENERAL POPULATION

The estimated mid-year population figures since 1948 are given in the following Table I prepared by the East African Statistical Department. The estimates have been revised in the light of the 1959 census:—

TABLE I.

Year	NON-AFRICAN					AFRICAN	GRAND TOTAL
	Euro- pean	Indo- Pakistani and Goan	Arab	Others	Total		
1948 ..	3,700	36,300	1,500	900	42,400	4,900,000	4,942,000
1955 ..	8,400	59,600	1,800	1,800	71,600	5,824,000	5,896,000
1956 ..	9,000	62,900	1,800	2,000	75,700	5,970,000	6,046,000
1957 ..	9,700	66,200	1,900	2,100	79,900	6,119,000	6,199,000
1958 ..	10,400	69,600	1,900	2,200	84,100	6,272,000	6,356,000
1959 ..	11,000	72,900	2,000	2,300	88,200	6,429,000	6,517,000
1960 ..	11,700	76,200	2,000	2,500	92,400	6,590,000	6,682,000

The final totals have been approximated to the nearest thousand.

BIRTHS AND DEATHS

Africans.—The implementation of the recommendations of the Gale Committee, set up under the Fraser Report has not as yet been possible owing to lack of requisite staff.

20. Details of revenue and expenditure for 1960/61 and previous years' comparative figures are shown in the appendices to the Medical Services Statistical Records.

Non-Africans.—Births and deaths of certain non-Africans remains obligatory under the Births and Deaths Registration Ordinance.

DISTRICT POPULATION

This provides useful information in the planning of medical services. The figures in Table II are derived from a publication of the East African Statistical Department:—

TABLE II.—AFRICAN POPULATION BY PROVINCE AND DISTRICT.

Province and District						Area in sq. ml.	African population August 1959	Population density per sq. mile
BUGANDA ..	..	..	..	..	..	16,138	1,834,128	114
East Mengo	..	..	..	..	..	5,101	606,694	119
West Mengo	..	..	..	..	..	4,588	688,185	150
Mubende	..	..	..	..	..	2,668	99,069	37
Masaka	..	..	..	..	..	3,781	440,180	116
EASTERN ..	..	..	..	..	..	10,971	1,872,949	171
Bugisu	..	..	..	..	..	1,638	352,885	215
Bukedi	..	..	..	..	..	1,575	397,650	253
Busoga	..	..	..	..	..	3,443	660,507	192
Mbale Town	..	..	..	..	..	9	8,433	937
Teso ..	..	..	..	..	..	4,306	453,474	105
NORTHERN	..	..	..	..	..	33,327	1,244,971	37
Acholi	..	..	..	..	..	10,783	285,530	27
Karamoja	..	..	..	..	..	12,216	171,945	14
Lango ..	..	..	..	..	..	4,464	352,943	79
West/Nile and Madi	..	..	..	..	..	5,864	434,553	74
WESTERN ..	..	..	..	..	..	17,297	1,497,510	87
Ankole	..	..	..	..	..	5,928	529,712	89
Bunyoro	..	..	..	..	..	4,723	126,875	27
Kigezi ..	..	..	..	..	..	1,901	493,444	260
Toro ..	..	..	..	..	..	4,745	347,479	73

POPULATION OF MAIN TOWNS

The population of the five main towns is according to the 1959 census for all races:—

TABLE III.—POPULATION OF MAJOR TOWNS—ALL RACES.

Kampala	..	..	46,735
Jinja ..	..	..	29,741
Mbale	..	..	13,569
Entebbe	..	..	10,941
Kabale	..	..	10,919

III.—PUBLIC HEALTH

A. General

21. Civil disorder and the breakdown of the medical services in the Congo (Leopoldville) made the adjacent areas of western Uganda vulnerable to the introduction of communicable disease. It was feared that plague and smallpox might be introduced. There was in fact no outbreak of either disease; detailed preventive measures were undertaken in the border areas. On the other hand rabies spread from the Congo into West Nile District and parts of the Western Province.

22. In rural areas a depleted health staff (due to the advanced training course at Mbale School of Hygiene) continued their efforts to improve environmental hygiene, in particular water supplies and housing. Unfortunately, the tempo of progress was frequently hampered by the preoccupation of the people and chiefs with elections or similar considerations. A number of district medical officers comment in their annual reports on the association of disease with dirt, indifference and ignorance.

23. The incidence of paralytic poliomyelitis increased considerably during the second half of 1960 but steadily decreased in 1961. Two mass oral poliomyelitis vaccination campaigns were held throughout the Protectorate during the period. Sporadic cases of smallpox of mild type occurred in many districts. Nearly 75 per cent of cases occurred in Mengo and Lango, but in Lango smallpox had virtually ceased to occur by the end of the year. In south Busoga there was a sharp rise in the number of human sleeping sickness cases in late April, May and early June, 1961, but by the end of June the number of cases had started to fall and the fall was sustained.

B. Food and Nutrition

24. The Government Nutrition Unit continued to work under the general direction of the Infantile Malnutrition Unit of the Medical Research Council.

25. The scheme for the collection and dissemination of information about protein-calorie malnutrition in infancy was continued by the Medical Officer (Nutrition) in the dispensaries of six districts. It was thus possible to form certain conclusions from this study. Malnutrition was found to be equally common in male and female children. Children are most commonly affected in the second year of life and the disease is manifested during the dry months of the year. Deaths in children suffering from kwashiorkor and admitted to hospital usually occur in the first few days after admission and the fatality rate varied between 8 per cent of all kwashiorkor admissions at Tororo Hospital to 21 per cent at Mbarara. The proportion of kwashiorkor cases to marasmus seen was 70:30. The reattendance rate of malnourished children at dispensaries was found to be poor, varying from 14 per cent in Bukedi to 33 per cent in Ankole. Reinforced milk packets, consisting of dried skimmed milk, cottonseed oil and sugar, in polythene bags, containing the equivalent in protein and calories of a pint of fresh milk, were successfully used at various units in the treatment of kwashiorkor.

26. Other work of the Nutrition Unit covered the completion of the nutrition survey at the Gayaza High School, a study of growth statistics at nursery schools, preliminary work on a dietary and ecological survey at Naguru Housing Estate, an enquiry into the production, export, import and quality of millet in Uganda and an enquiry into local sources of food in terms of calories and protein.

27. The dried skimmed milk supplied by UNICEF continued to be of very great help in the treatment of malnourished children. On the advice of the Standing Advisory Committee on Human Nutrition, the distribution of this milk powder is now determined according to the amount of kwashiorkor, the number of children under five years and facilities for distribution within a district.

28. The annual reports from Kigezi, Ankole, Jinja Hospital, Busoga and Buganda mention the increase in kwashiorkor in those areas. The disease is not necessarily the result of poverty. Comment is made in the Masaka report on the well-dressed mother with her malnourished child. Of 590 cases treated at Kabale Hospital, the majority came from the more sophisticated gombololas along the Kabale-Mbarara road and not from remote rural areas.

29. At the Infantile Malnutrition Unit investigation into the large amount of nitrogen excreted by kwashiorkor cases continued. It is now believed that such patients produce imidazoles—that is, ring structures similar to part of the purin molecule. One imidazole has already been isolated and identified.

30. Further study was made of electrolytic excretion in kwashiorkor patients, with special regard to the possibility of influencing sodium retention associated with oedema by giving potassium in the diet.

31. Work continued on the treatment of kwashiorkor with a modified biscuit previously described and also a mixture of dried skimmed milk with cane sugar and cottonseed oil. This mixture is simple to make, is cheap and mixes well with water. Results suggest that it is valuable in the treatment of kwashiorkor. An investigation of the ecology of families of malnourished children, combined with a follow-up of cases treated since 1954, gives an understanding of living conditions in rural Uganda, an obvious prerequisite for the planning of any effective scheme for the prevention of malnutrition.

C. Communicable Diseases

(1) *Arthropod-borne Diseases*

KALA AZAR

32. This disease remains localised to the north-east of Karamoja District, which is contiguous with the endemic area in Kenya. Cases treated in hospital have been:—

1957	1958	1959	1960/61
13	15	10	8

MALARIA

33. The Kigezi Malaria Eradication Scheme continued successfully under the leadership of the World Health Organisation Malariologist, Dr. J. de Zulueta. The project is reported on fully under VII—International Organisations.

34. Outside Kigezi District malaria control in rural areas is virtually non-existent. Road making and realignment and various forms of water impounding associated with the provision of dams, valley tanks and irrigation schemes continue to provide breeding places in rural areas. Some measure of control of the indiscriminate establishment of fish-ponds has now been obtained.

35. Mosquito surveys were carried out by the Vector Control Division of the Ministry at Entebbe, Gulu, Lira, Arua, Mbale, Bukwa, the Oruchinga Valley in Ankole, Iganga, Namasagali, Kamuli, Bugiri, Kaliro and Namiwe.

36. In some townships limited finance has resulted in a reduced application of larvicidal methods of malaria control by drainage and oiling. Here and there, the maintenance of existing township drains has not been possible so that such drains have added to the breeding potential. As adequate finance is not likely to become available to rectify this situation, consideration is being given to the practicability of control in townships by residual spraying.

RELAPSING FEVER (TICK-BORNE)

37. Cases notified during the past five years have been : —

	1956	1957	1958	1959	1960/61
Toro	19	10	4	90	11
Ankole	2	7	11	11	10
Kigezi	—	1	—	—	—
Masaka	16	8	13	—	13
Mengo	2	2	2	2	1
TOTALS ..	39	28	30	103	35

38. In Toro, after insecticidal treatment of all houses at Katwe (the previous focus of infection), no cases were reported during the year. The cases reported in Toro and Ankole occurred sporadically around Katunguru.

TRYPANOSOMIASIS

39. Cases notified have been : —

	1956	1957	1958	1959	1960/61
Mengo	5	9	6	2	3
Busoga	33	87	75	95	147
Bukedi	34	80	80	52	79
Lango	29	289	222	48	3
Acholi	2	5	2	3	1
West Nile ..	5	20	8	26	14
Bunyoro	—	—	1	1	—
Toro	—	—	—	—	—
Ankole	—	—	—	1	—
TOTALS ..	108	490	394	228	247

40. The Lango epidemic, which started in 1957, responded well to control measures as evidenced by the case incidence in 1959 and the year under review.

41. An increased number of human sleeping sickness cases occurred in south Busoga in late April, May and the first half of June, 1961. The cause was ascribed to indiscriminate settlement outside the resettlement area but within

the restricted sleeping sickness area. Hitherto it had been assumed that the *Rhodesieni* infection involved was centred on the fishing and fish trading population and that transmission to settlers living some distance from the lake was due to hunters and poachers carrying the infection into thicket country. In this outbreak the disease fell mainly on settlers, including women who had not apparently left their holdings. An inspection in the Mayirinya area disclosed the presence of *G. palpalis* at various water-holes and it is this vector which is probably responsible for transmission in this area. Remedial action by bush clearing and insecticidal spraying around water-holes, vigorous action by inspectorate staff in the early detection and removal of infected persons from fly contact and control of immigrants into the area resulted in control of the situation by the end of the year. The Vector Control Division assumed responsibility for the sleeping sickness inspection service in the second half of 1960.

42. An inspection of the East Madi-West Acholi sleeping sickness restricted area was carried out by Dr. F. I. C. Apted, the Sleeping Sickness Specialist, Tanganyika, in company with the Senior Entomologist. Subsequently Dr. Apted reported that medical grounds no longer existed for the continuance of restrictions. A subsequent inspection of 8,834 people (about 70 per cent of the population) in East Madi and Jonam County revealed no hidden forms of infection. Minor alterations to the eastern boundaries of the restricted area were made in 1960.

43. A sleeping sickness survey was carried out by district staff in West Nile, assisted by the loan of three microscopists from the Vector Control Division.

O'NYONG-NYONG

44. An account of this disease, which occurred in epidemic form, was given in the last annual report. The epidemic died out except for two small outbreaks involving about 100 people in Ankole.

(2) *Helminthic Diseases*

ONCHOCERCIASIS

45. In November, 1960, a report was received that *Simulium damnosum* flies were biting people at Budondo near the River Nile, a few miles north of the Bujagali Falls. A survey revealed that the reinvasion by vector fly was in its early stages and fly could only be found in isolated pockets. Using 10 per cent pp. D.D.T. solution in a 50/50 power-kerosene and dieselene mixture at a dosage in the Nile of one part in 10 million parts water, complete control resulted after weekly applications of 12 doses for 30 minutes. To detect possible future invasions by fly a field officer of the Vector Control Division will study the situation between Jinja and Namasagali every three months.

46. An experiment in control by weekly application of the same D.D.T. oily solution at the same rate to the Nyamugasani River in south Toro reduced the fly count to zero after the fifth dose. A small subsequent reappearance of fly suggests that a simple oily solution which was effective over the Nile Rapids, is less effective when applied to less turbulent waters. The effectiveness of a D.D.T. emulsion concentrate is being considered.

47. Control operations against *Simulium neavei* continued in the Budongo Forest. Complete control has been maintained for the modest yearly expenditure of £60. It is possible that eradication has been achieved.

48. A survey of the Mount Elgon River system revealed a complete re-population by vector fly. The survey was conducted partly as a training exercise with Dr. Hynes and Mr. Williams of the Liverpool School of Tropical Medicine, who were investigating the biology of crab hosts of *simulium neavei*.

BILHARZIA (SCHISTOSOMIASIS)

49. The use of a laboratory concentration technique has confirmed that intestinal bilharziasis may be more widespread than unit returns indicate. This diagnostic technique is considerably more sensitive than the commonly used direct smear method and has brought to light many unsuspected and often symptomless infections.

50. In selected groups of people examined in widely separated parts of the country infection with *Schistosoma mansoni* was found to vary between 20 per cent and 76 per cent of those examined. The groups examined were those who had particularly been exposed to water in which the snail host was known to exist.

51. During the course of these investigations an interesting finding was that 5 per cent of a group examined were passing eggs of the lancet fluke, *Dicrocoelium dentriticum*, which had only once previously been recorded south of the Sahara. This fluke is a common parasite of ruminants in Europe.

(3) Direct Infections

ANTHRAX

52. Cases notified have been :—

1956	1957	1958	1959	1960/61
13	24	21	15	20

Of the 1960/61 cases, 13 occurred in Karamoja.

CEREBRO-SPINAL MENINGITIS

53. Cases notified have been :—

1956	1957	1958	1959	1960/61
56	125	119	99	62

Half of the 1960/61 cases occurred in Masaka District and a quarter in the Northern Province.

LEPROSY

54. The number of leprosy patients in the country was originally estimated at 70,000, a calculation based on the surveys held between 1951 and 1956 and the 1948 census total of five million inhabitants. The 1959 census showed the population had increased to 6,500,000 and the estimated number of patients has, therefore, had to be revised to 80,000. This is not a static figure from which the number treated can be deducted to give the balance of those still needing attention. It is increased at one end by new cases and decreased at the other by

deaths; it includes those considered cured, those under treatment and those who have not been identified. As a result of the introduction of sulphones, sulphonamides and antibiotics, the death rate among patients from leprosy and complicating causes has fallen, as has the number and severity of new infections.

55. Before the introduction of sulphones and the establishment of the system of treatment villages and out-patients clinics, less than 5 per cent of the leper population had any treatment. In the last ten years the position has completely changed. 67,000 patients have had, or are having, treatment. Of these, 12,000 have been officially discharged cured after a minimum of three years' therapy. At least an equal number have discharged themselves after a shorter period of treatment with few relapses. The number being treated on the 30th June, 1961, was 32,422 of whom 5,195 were readmissions, the latter were mostly patients who, because of domestic or economic difficulties, the weather or physical disability, had temporarily ceased to attend.

56. The number of new cases reporting for treatment in succeeding years has been:—

January to December, 1958	...	...	...	9,949
January to December, 1959	...	...	...	9,144
January to June, 1960 (six months)	...	...	...	4,404
(a rate of 8,808 for a full year)				
July, 1960, to June, 1961	...	...	...	8,194

These figures include an unknown but comparatively small number of patients who have transferred to new clinics and thus been registered twice. The actual totals may, therefore, be slightly less but any difference does not materially affect the obvious decline which averages about 500 per annum. The 1960/61 total is 11.5 per cent less than that for 1958. There are fewer new lepromatous patients and in a large proportion of the others the disease has been limited to one or two patches of the early tuberculoid or indeterminate type. Although there is some way to go, the outlook for complete control is encouraging.

57. In October, 1960, an investigation was begun into the value of B.C.G. vaccination in the prophylaxis of leprosy in eastern Uganda, based on the Kumi-Ongino Settlement. This is sponsored by the Colonial Medical Research Council and financed by the Colonial Development and Welfare Fund. At the end of June, 1961, seven thousand children, all related contacts of patients, had been tuberculin tested and alternative negatives vaccinated. Identification is by detailed recording of the contact's family and the patient with whom there has been contact, supplemented by photographs taken at the time of each examination. The work is proceeding. The evidence collected so far confirms that the prevalence of leprosy is low among children under age five but increases during the next two five-year age groups; an epidemiological fact contributed to by the scattering of the population in families, which prevents contact until school age or adolescence. Five mission settlements have continued to supervise the village and clinic work in West Nile, Teso, Bukedi, Bugisu and Busoga. This relieves the burden of district medical officers in the more heavily infected areas and enables the settlements to concentrate on patients for whom treatment villages and clinics cannot provide all that is necessary. At Kumi-Ongino an occupational therapy unit has been opened and is functioning well.

58. Assistance with transport and essential drugs continues to be provided by UNICEF. The help of this organisation and that of the mission settlements, whose staff is provided free of all costs, with the co-operation of the medical and health officers in the service have made the mass campaign in Uganda practicable. The British Leprosy Relief Association has continued its financial assistance, giving £9,500 in capital sums during the year and annual gifts in the region of £2,000 through their well-known Children's Adoption Scheme.

POLIOMYELITIS

59. Cases of acute paralytic poliomyelitis notified were:—

1956	1957	1958	1959	1960/61
75	114	97	71	392

The wave of infection, which originated in Kenya and spread westward into Uganda, started early in 1960. Of 130 cases notified between 1st January and the 2nd July, 1960, over half occurred in Busoga. During the next twelve months the disease spread westwards into Mengo (147 cases) and Masaka (44 cases) and to a lesser extent northwards (Bugisu 39 cases, Teso 27, Acholi 26). Only 22 cases were reported from Busoga in 1960/61.

60. Of the 392 cases of paralytic poliomyelitis notified, only 34 (8 per cent) occurred in persons over five years of age.

61. To combat the increased incidence of the disease, protective inoculation was offered from the middle of 1960 to those most at risk—that is, particularly children under five years of age living in and around the major towns. Such children were immunised free, but a charge of Sh. 1 was levied for all those over five years of age who were immunised. In 1960 over 180,000 persons were immunised. During the later months of 1960/61 a second dose of vaccine was offered to those previously immunised and 160,000 persons received the vaccine. The vaccine used was Sabin's tri-valent living attenuated vaccine, which was administered as an oral spray. The vaccine is prepared by the Poliomyelitis Foundation at Johannesburg.

62. No untoward reactions were reported as a result of vaccination. Two proved and one doubtful case of paralytic poliomyelitis occurred in vaccinated children but in each case the interval between vaccination and the onset of symptoms was such that the possibility of the children harbouring virulent wild virus before vaccination could not be excluded.

63. A special unit was set up at Mulago Hospital to deal with the increased number of cases of respiratory paralysis occurring as a complication of the disease. Over one hundred such cases received treatment.

64. The Poliomyelitis Rehabilitation Clinic at Mulago Hospital continued and intensified its work with the support of the Round Table of Kampala, which completed, equipped and staffed a workshop to produce crutches and calipers mainly for the child victims of the disease.

SMALLPOX

65. Notifications of smallpox have been:—

1956	1957	1958	1959	1960/61
101	231	477	334	423

Although one death in Lango was attributed to smallpox, the disease remained widespread and mild in character. Of the 423 cases notified during the year, 129 occurred in Mengo and 165 in Lango. As long as the disease remains mild it is difficult to control, as it is not taken seriously by the public. Isolation is opposed and there is no enthusiasm for vaccination. The only district which reported no cases was Bunyoro where the immunity rate must be high from previous vaccinations (*see* 1959/60 reports).

66. The total vaccinations performed throughout Uganda were 668,480. To counteract the possible introduction of smallpox from the Congo (Leopoldville), 282,508 persons living in Uganda close to the Congo border were vaccinated in the latter half of 1960 and early 1961.

TYPHOID FEVER

67. Cases notified have been:—

1956	1957	1958	1959	1960/61
762	736	677	577	482

A quarter of the cases notified in 1960/61 occurred in Mengo. The remaining cases were fairly evenly distributed throughout the country. Only Moyo and Karamoja reported no cases.

TUBERCULOSIS

68. The number of new patients treated at Government hospitals has been:—

1956	1957	1958	1959	1960/61
975	1,219	2,008	2,700	3,145

The rising number of new patients treated each year gives an incomplete picture of the increasing load imposed on the Medical Service by the tuberculosis problem, for it does not indicate those patients persisting with their treatment from previous years. This carry-over of patients from previous years was 4,859 patients for 1960/61. Thus, for the year 8,004 patients were in fact receiving treatment. Of this total 185 (2·3 per cent) died. It is regrettable that 602 patients (7·5 per cent of those under treatment) absconded before completion of treatment with every prospect of relapse and spread of the disease to others.

69. Of the new patients coming under treatment during the year, all were of pulmonary type except ten cases of tubercular meningitis and 134 of other forms.

70. The general pattern of the anti-tuberculosis campaign remained the same as previously, namely, a short stay in hospital or dispensary until the patient becomes non-infectious, followed by continuation of treatment as an out-patient. To increase hospital accommodation for tuberculosis patients, work was started on the building of treatment pavilions at Moroto, Gulu, Kitgum, Arua and Soroti hospitals. In all, these will supply an additional 60 beds.

71. The substitution of thiosemicarbazone (T.B.1) for P.A.S. mentioned in last year's report has proved satisfactory. Further trials of this régime, under the aegis of the Medical Research Council, are being carried out both at Mulago and selected district hospitals to discover whether this régime can be used *ab initio* for out-patients without preliminary hospitalisation and whether the

drugs combined in a single tablet can be safely used for in-patients. These trials are of considerable importance to the future pattern of tuberculosis treatment in emergent countries.

72. The Medical Research Council has provided a Senior Laboratory Technician, who is stationed at the Central Laboratories, Kampala. He is concerned with the mycobacterial sensitivity testing of all tuberculosis patients under treatment. The assistance is most welcome in view of the rising level of primary drug resistance reported in recent years.

73. The completion of an investigation into B.C.G. vaccination of tuberculin positive reactors showed that there was no adverse effect from this procedure. This will have a considerable practical application of saving in cost and time in future B.C.G. vaccination campaigns.

VENEREAL DISEASES

74. Patients treated at Government hospitals have been:—

	1956	1957	1958	1959	1960/61
Gonorrhoea ..	25,707	29,935	34,704	39,242	35,995
Syphilis ..	17,224	16,499	13,279	9,359	5,171

The steady fall in the incidence of syphilis cases attending hospitals, as noted in previous reports, has continued, whereas the figures for gonorrhoea show no commensurate diminution.

RABIES

75. Rabies is primarily a disease of animals. Transmission of the disease to man is usually by the bite of an infected dog. Early treatment following the bite of an infected animal can prevent the development of rabies in man. A feature of attacks by rabid dogs is the sudden unprovoked attack by the animal. The dog then rapidly makes off and is difficult to catch. It is, therefore, impossible in many instances to prove that an individual has, in fact, been bitten by a rabid animal and the only safe course to follow is to give such individual a course of treatment.

76. In late May, 1960, infection from the Congo was introduced into Bunyoro via Butiaba. The Veterinary Department took prompt action and vaccinated all dogs in the affected counties. In spite of that, 65 persons were treated following bites by rabid or suspectedly rabid dogs and three persons died from proved rabies.

77. In West Nile persons have been treated following bites by suspectedly rabid dogs during most of the year. About March, 1961, it was learned that there was rabies in all but two towns in Ruanda. The disease had been confirmed in dogs, cattle and goats. There had been eleven human fatalities. It was considered that game in the Kagera National Park was involved. A suspicious bite occurred in north-west Kigezi in April, 1961, and similar incidents were reported from the Kisoro area and adjacent parts of the Congo. In both the Congo and Ruanda control measures were severely hampered by lack of vaccine. On the Uganda side of the Congo and Ruanda borders, extensive vaccination of dogs was carried

out by the Veterinary Department and the districts adjacent to the frontiers declared rabies-infected areas. In spite of this, infiltration of the disease occurred and, during the first semester of 1961, 17 positive dog brains were found in West Nile and one bovine, one sheep, one goat and two dog brains were found positive for rabies in Kigezi. Humans bitten and treated were 65 in Bunyoro, 91 in West Nile and 22 in Kigezi.

78. A new vaccine not previously used in Uganda was airmailed from America to protect veterinary staff working in the Western Province and West Nile. The vaccine is given before people at risk are bitten, so that, if they should subsequently be bitten by a suspected animal, they already possess some immunity. The vaccine had been successfully used in America.

D. Health Education

79. All the activities of the Health Education Division described in previous reports continued. Particularly successful were the refresher courses for teachers, and seminars for health staff; every endeavour is being made to increase this method of promoting Health Education.

80. Film strips, posters, photographs and holdalls continued to be produced and distributed. Projectors were distributed throughout the Protectorate both to Government and non-government bodies. The "Help Yourself" series of booklets continued in great demand, unfortunately the supply fell short of demand. Radio talks on Health were a regular feature of the U.B.S. programmes and members of the division joined a new programme—"Home Magazine". A series of eight talks in the schools' broadcast was an outstanding success, but the continuation of this series, successful though it is, will be a heavy drain on the staff. A number of stands for Country Shows were designed and most of our new Health Centres were supplied with sets of visual aids including figurines and holdalls and projection equipment.

81. Co-operation with the Information Department, Education Department, Ministry of Social Development and many teachers' training centres, and with various missions and religious organisations has continued to be fruitful. The Government Printer was able to accept commissions from us during the year which he fulfilled to a very high standard; his assistance has been much appreciated.

82. The division of Health Education has received outstanding help from UNICEF during the year. The impact of Health Education on the population in general was doubled by the valuable material supplied as a gift from this specialised agency of the U.N. We received among other things, a lorry, an offset-litho machine, 100 projectors, 100 screens and 150 batteries. Encouraged by this generosity an exhaustive list of similar requests to UNICEF for fulfilment in the next two years has been put forward. Without the help of this organisation the slender resources of this division would not suffice to fulfil its commitments.

83. With the help of this equipment and visual aids an extensive network of "customers" has been built up. It has been gratifying to see the beginning of a demand for visual aids prepared in Uganda from other countries. Requests have come from many other territories of East, West and Central Africa.

84. During the year an evaluation of the work done and the visual aids produced during the past four years was attempted. The only yardsticks so far available have been numerous letters of thanks coupled with requests for more, as well as comments in the monthly reports from district staff. Most of the criticism of production so far has been aimed at deficiencies in supply. Recently however, a more exact method of evaluation has been evolved and in future material will be accompanied by suitable evaluation slips in questionnaire form. It is hoped this will give a guide to suitable modifications in visual aids, though the suitability of the major content of our Health Education work is not in doubt. This is mainly environmental in emphasis and constantly stresses the "Big Five" for good health in Africa—

- (i) Good water.
- (ii) Good sanitation and good disposal of refuse.
- (iii) Control of pests.
- (iv) Good food.
- (v) Good houses.

85. The Health Inspector attached to the Health Education Division was absent on study leave at London University and at the end of June, 1961, gained the Diploma in Content and Method of Health Education. Otherwise, staff was up to strength during the year with the exception of one vacant post for a Parkroom Assistant.

E. Maternal and Child Welfare

86. The Ministry's maternity services continued to be hampered by a shortage of midwives. During the year 48 new midwives were enrolled, but on the other hand 44 left the service on resignation for marriage or other personal reasons. In spite of this continued shortage the maternity units have been maintained and one rural unit was opened in the Northern Province at Kokolo in Lango District.

87. A new Midwifery Training Centre was opened at Mbarara and will train girls principally from districts in the Western Province. This Centre provides accommodation for 24 pupil-midwives and in the first year twelve began their training. Students are taught by a sister tutor and a doctor at the hospital with special experience in midwifery.

88. The demand for maternity beds at Mulago Hospital is still very great. In spite of the transfer of approximately 1,500 cases to Mengo and Nsambya Hospitals, there were still 3,800 deliveries in the maternity wards of Mulago Hospital. A domiciliary service at Naguru Housing Estate in Kampala and a Delivery Centre at Nsambya Police Lines were started during the year. Both these measures, it is hoped, will relieve the great pressure on the beds at Mulago.

CHILD WELFARE WORK

89. Progress in infant care has been satisfactory. It has been possible in several districts to establish Child Welfare Clinics separately from Sick Children Clinics. Attempts are being made to interest fathers of families in the welfare of their

children, and they have been encouraged to take part in the activities of these clinics because they are responsible for the family budget. The chief difficulty in this respect is that in urban areas the clinics are held during working hours. The shortage of Health Visitors and Assistant Health Visitors is hindering any further progress and most of the welfare work is carried out by nursing sisters who are also engaged in curative work in the hospitals. Plans are being made for the training of girls in Health Education to accelerate the production of staff to supervise clinics.

CHILD WELFARE UNIT

90. The Unit at Kampala, under the supervision of the same European (lady) doctor, assisted by trained African staff, has continued to give good service. The team has contributed to the general medical and nutritional welfare of children round Kampala and its environs. At Kampala clinics are at Makerere College and Nsambya Police Lines, and are well attended.

91. In the environs of Kampala, clinics are held at Kasangati Health Centre twice monthly on Tuesday, Mpigi weekly on Monday, and Wakiso fortnightly on Wednesday. The importance of feeding babies with the right kind of food has been stressed and demonstrated.

92. Besides visiting clinics in the environs of Kampala, attention has been given to women's clubs at Kawanda, Munyonyo, Mawule, Magere, Kijjuddu and Kasangati defined area, as well as Nsimbe (Uganda Company) labour camp. The Ministry looks forward to the day when all these activities will be extended to many rural areas in the districts.

F. School Hygiene

93. There is still no prospect of the Ministry of Health being able to introduce an organised school health service. On the other hand medical and health staff continued to visit schools in their areas as often as they were able. The impression is that in most districts the standard of school buildings is improving.

94. The Bukedi UNICEF scheme, sponsored by the Ministry of Social Development, was launched in September, 1960, and a F.A.O. Nutritionist arrived in February, 1961, to supervise the project. The object of the scheme is to improve the nutritional state of the people in Bukedi through the district school and the programme covers a wide field of health education activity, the promotion of food production, the consumption of the right kinds of food and a school meals programme. A nutritional survey was carried out in west Budama by the Professor of Paediatrics, Makerere College. The results of acceptability tests on fish-meal in primary school were favourable.

G. Environmental Hygiene

HOUSING AND TOWN PLANNING

95. Although there was a further reduction in the amount of building in permanent materials in the township areas, provision of new zones with "residential settlement areas" has resulted in increased building to the Grade 1 Building Standards. Plots are serviced with road, stormwater drains, water, and sometimes electricity. The buildings themselves are of simple materials to abate

by hygienic building principles. Roofs are of corrugated iron although the walls are often in traditional materials. In these areas trained personnel has been available to assist house builders in constructing their houses to the necessary standard. Although the success of this programme has varied from place to place, the results have been on the whole encouraging.

WATER SUPPLIES

Rural Supplies

96. Well over 3,000 boreholes are now in use in Uganda and the total is being added to each year under the guidance of the Geological Department. Valley tanks are beginning to play a big part in providing water for both cattle and people, although the problem of their proper maintenance has caused concern, as has the care of dams, on account of the malaria hazard involved. Irrigation schemes too, whilst primarily designed for agricultural purposes, are used for domestic water supplies and their proper maintenance is essential.

97. There is an increasing need to plan the essential preventive health measures in the early stages of such water development and for such schemes to be carefully controlled. This development of rural health work tends to be neglected by health staff who devote their energies more towards protected springs and wells. There is, however, great scope for the expansion of work in improving rural water supplies and also for the much closer co-ordination of the work of the various ministries and departments concerned.

Urban Supplies

98. Of the 21 larger centres of population in Uganda only one (Kaliro) has not yet been provided with a piped supply. Several expansion schemes are in hand.

SEWAGE DISPOSAL

99. During recent years the provision of sewage disposal plants has progressed rapidly and plants are provided at eleven of the larger towns with work proceeding on two more schemes. Sewage stabilisation lagoons are under construction at Entebbe to serve the airport, at Jinja to serve the eastern side of the town and there is a further separate scheme to serve the Walukuba housing estate.

FOOD

(i) *Legislation*

100. The Food Hygiene Advisory Committee completed the preparation of Food Hygiene Regulations which are now being considered by the Crown Law Office. Close liaison on food legislation was maintained with Kenya.

(ii) *Abattoirs and Meat Inspection*

101. The new abattoirs referred to last year have worked well, although at Soroti and Tororo full use has not been made of the facilities provided. The need for a central abattoir to serve the Kampala area has long been recognised. Existing facilities in Kampala are inadequate to deal with the amount of slaughtering taking place and the congestion makes efficient meat inspection a very difficult task.

(iii) *Milk*

102. Supplies of milk from Kenya continued and its availability in such remote places as Mbarara and Fort Portal was greatly appreciated. The standards of the local milk sellers remain the same and little progress has been made to organise these traders so as to improve the quality of their milk. Routine sampling and testing continued.

HOTELS AND LODGING HOUSES

103. Two more new hotels are under construction at Tororo and Jinja. The pioneer Tororo Hotel has closed, the buildings now being used for a boarding school. There is an increasing need to extend the work of the Hotels Board to control all premises where accommodation for the general public is provided. During the year new Public Health (Lodging House) Rules were promulgated. No indication has yet been received of the degree of usefulness of these Rules.

URBAN SANITATION

104. With the increasing availability of good water supplies and the provision of sewerage schemes in many towns, there is a steady improvement in the standards of urban sanitation. Waste water flowing into the streets, insanitary night-soil collection, foul open drains and the many other urban type nuisances are still common but should soon disappear.

105. Our peri-urban problems have remained static. There has been no marked increase in the size of the problems, neither is there any success to record in our efforts to improve the position. No progress was made towards establishing the Mengo Municipal Council which must be the first step in the improvement of Kampala's peri-urban problems. At Jinja, the Bugembe Planning area failed to get started as no Executive Officer was available. The new Lodging House Rules should be very useful in securing improved housing standards in peri-urban areas.

HEALTH STAFF

(i) *Health Inspectors*

106. There was an embargo on the recruitment of expatriate health inspectors and throughout the period there were never less than three vacancies in the health inspectorate. Allied to a change in the length of tours for these officers, which led to almost one-third of the senior officers available being on leave during the period, this shortage of inspectors gave cause for concern. The position was further aggravated by the withdrawal of health inspectors (East Africa) from district work for further training. At the end of June, 1961, there were 34 such officers at the School of Hygiene. The most difficult period is now over and in April, 1962, the first of these officers will be qualified as health inspectors to full overseas standards.

(ii) *Health Assistants*

107. These officers now number 221. The further training of this type of officer for employment by the Protectorate Government was suspended following the report of the Economy Commission. Local authorities have, however,

responded enthusiastically to an invitation to them to sponsor students for such training. On qualification, these officers will be employed by their own local authority.

H. Health and Welfare of Employed Persons

108. It was not possible to second a medical officer to the Labour Department to continue the work of the Specialist (Industrial Medicine) who had been transferred to the Ministry of Health at the end of January, 1960. The district medical officers undertook to inspect various industries and their labour lines and also examine labour recruits and administer treatment to injured and sick labourers and their families in their respective areas.

109. The overall number of accidents to employees reported to the Labour Department during the year totalled 3,430 including 80 known fatalities. Although these accidents have increased steadily year after year, the number of fatalities has remained fairly constant.

110. The Ross Institute of Tropical Hygiene—East African Branch, became active in Uganda towards the end of 1960 and several larger employers became members. The institute is a private organisation and its activities are independent of, but complementary to those of Government. The staff of the institute was engaged in conducting a survey of living conditions of workers.

111. Many of the larger employers provide, in addition to medical facilities for their labourers and their families, excellent welfare and recreational amenities.

I. International and Port Hygiene Regulations

112. The only control port for international travel is at Entebbe Airport, where commitments under the International Sanitary Regulations are carefully observed. During the period there was a big increase in the numbers of persons entering Uganda from the new Congo Republic and, a close control of their movements was exercised. In this work the officers of the Customs and Excise Department were most helpful, undertaking to check documents at all the different customs posts.

ENTEBBE AIRPORT

113. Large numbers of persons, both civilian and military, passed through Entebbe en route to or from the Congo. There was little difficulty with the examination of documents. The frequent air-lifts of troops into and out of the Congo created two problems. First, there was the difficulty of disinsectisation of military aircraft. This was overcome by issuing aerosols to the captains of the aircraft with the request that they use the spray before landing at Entebbe. Secondly, the improvised arrangements made for the accommodation of the troops who stopped in Entebbe were not entirely satisfactory since, as so often happens, the numbers involved were greatly in excess of the sanitary accommodation available.

114. Particulars of planes and passengers dealt with are:—

Month	Number arrived	Number sprayed	Number of passengers
July 1960 ..	223	165	3,791
August 1960 ..	178	98	1,525
September 1960 ..	174	122	1,431
October 1960 ..	163	96	1,350
November 1960 ..	153	87	1,274
December 1960 ..	136	75	1,512
January 1961 ..	139	75	1,542
February 1961 ..	142	83	1,205
March 1961 ..	118	61	1,280
April 1961 ..	165	85	1,387
May 1961 ..	108	47	1,400
June 1961 ..	162	102	1,468

J. Health of Prisoners

115. The new 30-bed hospital at Murchison Bay was opened in March, 1961. The delay in opening this unit was due to the necessity for additional structural security and in finding the necessary nursing staff.

116. A new prison was opened at Kiburara in north Ankole during the year.

117. No serious outbreaks of communicable disease occurred in prisons although there was some anxiety felt during the earlier part of the year on account of dysentery at Kotido prison in Karamoja. Structural improvement of the kitchens at Kotido prison resulted in the cessation of the disease.

118. The daily average in prison rose to 8232.11, a marked rise above the numbers for 1958 (5,626) and 1959 (6,434). The death rates per 1,000 during the year fell to 1.2, the lowest recorded during past six years.

119. There were 29 deaths of prisoners in Protectorate prisons compared to 26 in 1958 and 32 in 1957. The causes of death were as follows:—

Urinary infections	...	...	3
Pneumonias	...	...	4
Dysenteries	...	...	4
Debility	...	...	3
Suicidal hanging	...	...	2
Cirrhosis of liver	...	...	2
Carcinoma of liver	...	...	2
Cardiac failure	...	...	2
Typhoid	...	...	1
Drug intoxication	...	...	1
Asthma	...	...	1
Pulmonary tuberculosis	...	...	1
Fracture of head	...	...	1
Toxaemia	...	...	1
Not determined	...	...	1

K. African Local Governments and Municipalities

120. The existing arrangements for the maintenance of dispensary services have remained satisfactory throughout the country. It was not possible to carry out any further devolution of responsibilities to the local governments and townships, since the findings of the Relationships Commission were not received until after the close of the period covered by this report. The recommendations made by this Commission are now being combined with the new constitutional arrangements which will take effect in 1962.

121. The estimated expenditure by African local governments in respect of health services for the year 1960/61 total £347,953 recurrent and £75,316 capital. Details of these expenditures are given in the Medical Services Statistical Records.

L. Relations with the Buganda Government

122. The Buganda Government has continued to operate in an efficient manner the health services and three hospitals in Buganda—at Mubende, Bombo and Mityana—for which it is responsible. Arrangements are being made to hand over the hospitals at Masaka and Entebbe in 1962, which will then mean that all hospitals in Buganda, with the exception of the Government hospitals in Kampala, will be administered by the Buganda Government.

123. Relations between the Ministry of Health and the Ministry of Health and Works of His Highness the Kabaka's Government have remained excellent.

M. Statutory Boards and Committees

124. The Medical Board held three meetings during the period under review. Disciplinary proceedings were taken against one doctor and as a result his name was removed from the register. One doctor was re-licensed but this limited his practice to one nursing home only. Other applications for registration, licences, restoration to the register were considered by the Board. Apart from these, the Board dealt with matters concerning the Poisons and Drugs Ordinance.

125. The Advisory Board of Health did not hold any meeting during 1960/61 as there was no business to be dealt with.

126. The Nurses, Midwives, Medical Assistants and Nursing Assistants Council held three meetings during the period from July, 1960 to June, 1961.

127. The Permanent Secretary and Chief Medical Officer, or his representative, serves on the following Boards and Committees:—

The Uganda Medical Board.

The Pharmacy and Poisons Board.

The Nurses, Midwives and Medical Assistants Council.

The New Mulago Executive Committee.

The Central Labour Advisory Board.

The Scientific Advisory Committee on Human Nutrition.

The Mengo and Nsambya Training Schemes Committees.

The Mulago Autonomy Committee.

The Council for Postgraduate Medical Training.
The Factories Advisory Board.
The Town and Country Planning Board.
The Hotels Advisory Board.
The St. John's Ambulance Committee.
The Executive Committee, Uganda Branch, British Red Cross.
The War Pensions Appeal Tribunal.
The Water Pollution Committee.
The Advisory Committee on Voluntary Medical Services.

N. Registration of Professional Persons

128. Persons registered or licensed under the provisions of the Medical Practitioners and Dentists Ordinance, 1958:—

	Number at 30-6-60	Number at 30-6-61
DOCTORS—		
Registered	441	476
Provisionally registered	9	16
Licensed	43	52
DENTISTS—		
Registered	18	18
Licensed	9	9
Under permit	1	1

129. Persons registered or enrolled under the provisions of the Nurses, Midwives and Medical Assistants Ordinance, 1958:—

	Number at 30-6-60	Number at 30-6-61
NURSES (holding U.K. or equivalent qualifications)	366	410
MIDWIVES (holding U.K. or equivalent qualifications)	290	305
CERTIFICATED NURSES (Uganda)	709	758
NURSING ASSISTANTS (Uganda)	342	338
MIDWIVES (Uganda)	678	755
MEDICAL ASSISTANTS (Uganda)	350	359

IV.—CURATIVE SERVICES

A. Hospitals

Kampala.

MULAGO HOSPITAL (670 BEDS)

130. The hospital continued to function as the main teaching hospital of East Africa and the centre for consultative and specialist services in Uganda. As has previously been the case, the majority of patients admitted to this hospital

come from the adjoining districts of east and west Mengo. The Buganda Government responsible for medical services in these districts have only small hospitals of their own at Bombo and Mityana. Expenditure on the maintenance of buildings was kept to a minimum in view of the progress of work on the new hospital sited some way down on the same hill. The new building is due to be completed in July 1962.

131. New cases admitted amounted to 18,100 compared with 16,800 in 1959. Total out-patient attendances were 296,000, a further slight rise on the number of 295,000 in 1959. The Kampala Town Dispensary, controlled by Mulago, had 195,000 attendances, an increase over 178,000 the figure for 1959. Total attendances of the two units is now almost half a million.

132. Once again the most striking rise in attendances have been women and children in spite of the fact that patients often have to wait for long periods before they can be seen. This is a tribute to the popularity of the hospital. New ante-natal cases amounted to 111,500 compared with 66,000 in 1959.

133. The ever-increasing demand for the delivery of maternal cases was relieved by special arrangements with Mengo and Nsambya hospitals, by which these institutions accepted a regular quota of Mulago's maternity patients. Of the 4,500 women asking for delivery at Mulago, it was possible to send approximately 750 each to Mengo and Nsambya hospitals. Buildings to serve as delivery centres were nearing completion at Naguru Housing Estate and Nsambya Police Barracks.

134. The tuberculosis wards continued to work to full capacity and to play their part in the General Medical Council therapeutic trials. This latter work was done in association with hospitals at Fort Portal, Jinja, Masaka, and the Central Laboratory.

135. 113 cases of acute poliomyelitis were admitted to the Respiratory Unit and 75 per cent recovered. There was a further rise in the number of paralytic poliomyelitis cases sent for physiotherapy. A workshop was maintained by the Kampala Round Table in the hospital precincts for assistance to cripples.

136. The Welfare Section experienced a further increase of destitutes and vagrants. During the year, some 250 patients were admitted to the Salvation Army Hostel, catering for the Ambulant Sick attending Mulago Hospital. The repatriation of patients from the Congo and Ruanda-Urundi was made more difficult by the lack of formal communication with these countries since July 1960. Useful assistance was, however, given by the staff of the Belgian Vice-Consul.

137. On the staff side, the hospital lost the services of its Senior Physician, but gained by the new appointments of a Thoracic Surgeon, a Clinical Pathologist and the short-term Neuro-Surgeon. The Registrar Training Scheme initiated in 1960 began to bear fruit with three Government medical officers obtaining higher qualifications in surgery, medicine and psychiatry in the United Kingdom. Mulago is now permitted to hold up to 20 interns and an average of over 15 of the places were filled during the year.

NEW MULAGO HOSPITAL

138. Considerable progress has been made on the construction of this new hospital. A total expenditure of £719,536 has been incurred on the Colonial Development and Welfare grant attracting portion of the scheme and a total of £28,866 has been spent on salaries and fees.

The hospital is scheduled to be completed by July, 1962.

NAKASERO HOSPITAL (120 BEDS)

139. Work on the major renovation of this unit was completed during the year with the redecoration of Grade B wards. In-patients during the year amounted to approximately 3,000, half in Grade A and half in Grade B. This figure represented a slight reduction on that for 1959. New out-patient attendances also showed a reduction amounting to 21,000 compared with 32,000 in 1959.

140. Regulations regarding patients eligible for admission to this hospital were progressively extended so that by January 1961, beds were made freely available to all persons willing to pay the fees charged. During the second half of the year, 24 Africans and 29 Asians were admitted to Grade A accommodation.

MENTAL HOSPITALS (650 BEDS)

141. Although the number of patients in the combined hospitals remained virtually the same, the bed strength at Butabika rose from 310 to 490 and a reduction at the Mulago Mental Hospital resulted in only 160 beds at the end of the year compared with 392 in the previous year. The Butabika figure includes 200 beds in what is known as the Broadmoor Ward for criminal lunatics. There are 150 beds for men and 50 beds for women. If the present building progress is maintained, the Butabika Hospital should be completed and the old Mulago Mental Hospital closed in two years' time.

142. New admissions during the year amounted to 1,012 civil cases and 86 criminal lunatics (male 79 and female 7). New out-patients numbered 247 and provided a total of 1,027 attendances. Admission in 1959—civil cases 982 and in 1955—500 approximately.

143. As a result of continued improvements in the methods of treatment, it was possible to reduce the average number of patients resident in any one day from 723 at the beginning of the year to 681 at the end.

144. At the end of the year two 60-bedded wards were under construction. Fittings to the laundry and kitchen have been completed.

145. The general administration of the combined hospitals has now been transferred to Butabika.

Eastern Province

MBALE HOSPITAL (227 BEDS)

146. The major change in the work of the hospital resulted from the opening of the new Mbale Town Dispensary. This made possible the closure of the old hospital out-patients department and the use of the buildings for ante-natal and child welfare clinics. A second maternity ward was opened and improvements

carried out on the old maternity ward and labour room. The Hospital Clinic was almost completed. This has been designed to provide consultant facilities for patients sent from the town and rural dispensaries and from other districts. It also provides a new dispensary and laboratory for the hospital. Other building work includes the completion of an ambulance shelter.

147. The Masaba Ward and pay-patient section of the hospital proved most popular with patients of all races throughout the year. 500 in-patients were admitted compared with 160 in the first six months of the previous year. Out-patients amounted to 9,000 in contrast with 6,000 attendances in the previous six months.

JINJA HOSPITALS (337 BEDS)

148. In-patients in the general wards rose to 11,000 compared with 8,000 in 1959. Out-patients numbered 159,000 as compared with 148,000 attendances in 1959.

149. A new children's ward was nearly completed by June 1961. Major improvements to other buildings included tiling of the mortuary and a new ventilation system for the Operating Theatre. A Poliomyelitis Clinic has been started in the hospital with valuable assistance from the Nile "Round Table" in the provision of apparatus.

150. In-patients at the General Hospital numbered 12,100 compared with 9,800 in 1959. Out-patient attendances also increased and reached the figure of 164,000 compared with 145,000 in 1959. Kiira Hospital, for paying patients, admitted 245 new in-patients, and a little over 2,000 out-patients. On the surgical side, 3,897 operations were performed, about the same number as in 1959.

151. The Dental Centre which operates in Kiira Hospital, dealt with 3,079 attendances of which 727 were for African patients. Extractions numbered 984, radiographs 624 and new dentures 86.

NAMASAGALI HOSPITAL (36 BEDS)

152. Owing to the shortage of medical officers, it was necessary to withdraw the single doctor from this unit in May 1961, leaving a medical assistant in charge. Although the general population are making increasing use of this hospital, it was originally sited at Namasagali to deal with the staff of the Railways and Harbours Administration. As a result of other railway developments, the station is taking less work and becoming the least important from the transport point of view.

153. No changes were made in the number of beds or the buildings. In-patients rose from 900 to 13,000 but out-patients fell during the year from 34,000 to 30,000.

SOROTI HOSPITAL (126 BEDS)

154. With the completion at the end of the year of a new Pavilion Ward for tuberculosis patients, the number of beds increased by 12 from 114 in 1959. By the end of the year, a new Health Office was nearing completion. This building situated behind the administrative block in the hospital, will make available additional accommodation for administrative purposes.

155. In-patients rose from 4,500 in 1959 to almost 5,500. Out-patients amounted to 119,000 compared with 92,000 in 1959.

TORORO HOSPITAL (206 BEDS)

156. A new 36-bedded children's ward was opened in November 1960. This was followed by the opening of a combined kitchen and laundry unit in March 1961. The old building formerly used for children and nursing mothers was improved and now provides useful accommodation for additional tuberculosis patients. The old laundry was converted into a modern type of store for drugs. Other work has included the construction of new access roads in the hospital compound and an extension to the verandah of the out-patients unit to provide more waiting accommodation.

157. The number of in-patients treated amounted to 6,300, which constituted a marked increase compared with an average of 4,300 over recent years.

158. The total number of out-patient attendances amounted to 148,000 compared with 104,000 in 1959, and 99,000 in 1958.

Northern Province

GULU HOSPITAL (120 BEDS)

159. A new out-patients department was opened in September. The old building which had been used for this purpose was converted to provide a new store. A pavilion ward for tuberculosis patients and a fence around the hospital was under construction at the end of the year. An electric generator given by the local branch of the Red Cross was installed and provides electric light for the operating theatre. As a result of internal rearrangements, the established bed state has been increased from 106 to 120.

160. During the year in-patient admissions amounted to 4,700 compared with 3,200 in 1959. In comparison, the number of out-patient attendances remained approximately the same at 155,000.

KITGUM HOSPITAL (64 BEDS)

161. A start was made on a pavilion type ward of 12 beds for tuberculosis patients and minor improvements to the compound were carried out.

162. There was a slight reduction in the number of in-patient admissions, 1,800 compared with 2,200 in 1959. Total out-patient attendances rose from 69,000 in 1959 to 77,000.

ARUA HOSPITAL (104 BEDS)

163. A pavilion type ward for tuberculosis patients was under construction and work was proceeding on the installation of an electric generator and wiring to supply current to the whole hospital.

164. The year saw a further striking increase in the amount of medical work undertaken. In-patient admissions rose from 2,400 in 1959 to 3,900. Total out-patient attendances amounted to 221,000 compared with 149,000 in 1959. Operations performed in the main theatre increased from 770 in 1959 to 1,651. This hospital has to cater for all needs in the West Nile District as transport of patients to Mulago Hospital is very difficult as well as being unpopular on

account of the 400-mile distance and the necessity of crossing the River Nile by ferry.

MOYO HOSPITAL (61 BEDS)

165. No further developments took place in this hospital during the year.
166. The number of in-patient admissions remained almost the same as in 1959, that is, 1,500. Out-patient attendances rose from 94,000 up to 155,000.

MOROTO HOSPITAL (46 BEDS)

167. Although no new units were opened at this hospital, a start was made on a maternity ward and pavilion type ward for tuberculosis patients. These two will increase the bed state to 68.
168. Greater use was made of available accommodation by the transport of convalescent patients to rural units. In-patient admissions increased from 1,350 to 1,550. In spite of this, the average number of patients accommodated in the hospital dropped from 59 to 51. Total out-patient attendances rose from 34,000 to 37,000.

LIRA HOSPITAL (170 BEDS)

169. New building work consisted of reconstruction of the operating theatre and the laundry. A pavilion type ward for tuberculosis patients was completed, increasing available accommodation for tuberculosis patients to 40.

In-patient admissions ..	1959	4,600	1960/61	6,200
Out-patient attendances ..	1959	110,000	1960/61	113,000

Western Province

FORT PORTAL HOSPITAL (121 BEDS)

170. Work on the new operating theatre, X-ray building and the generator house was nearing completion. Waterborne sanitation for the staff quarters was completed and a water reservoir for the hospital was nearly finished. The number of beds was not changed.
171. In-patient admissions amounted to 4,000 compared with 3,600 in 1959. Out-patients showed a slight reduction, the total attendances amounting to 70,000 compared to 75,000 in 1959.

HOIMA HOSPITAL (55 BEDS)

172. Work on a new operating theatre and dispensary started towards the end of the year. The old tuberculosis ward had to be demolished to provide a site of the new theatre.
173. In-patient admissions were 3,200 approximately the same as in 1959. Total out-patient attendances rose from 54,000 to nearly 67,000.

MASINDI HOSPITAL (72 BEDS)

174. No new buildings were constructed but the kitchen was reconstructed and a new food store built.

175. In-patient admissions amounted to 2,400 compared with 2,700 in 1959. The total number of out-patient attendances rose to 64,000 compared with 54,000 in 1959.

KABALE HOSPITAL (133 BEDS)

176. No major constructional work was undertaken during the year but alterations were nearly completed to convert the old out-patients building for use as an additional ward for tuberculosis patients. Minor alterations were carried out on the operating theatre and a very welcomed fence surrounding the hospital compound was completed. The latter was made in permanent materials and provides two gates for vehicles.

177. In-patient admissions rose to 4,200 compared to 3,900 in 1959. Total out-patient attendances dropped slightly from 75,000 in 1959 to 70,000.

MBARARA HOSPITAL (161 BEDS)

178. Major constructional work on this hospital concerned the new Midwives Training School. The school itself was completed and the extension to the maternity ward was in use by the end of the year. A special clinic building was finished and provides much needed accommodation for ante-natal clinics as well as being used for other special clinics and Health Education purposes.

179. Finally, a hostel was completed behind the Training School, for the use of trained nursing staff working in the hospital. Additional minor work was completed providing better water and ablution facilities in the wards and X-ray building.

180. In-patient admissions remained at approximately the same figure of 3,700 as in 1959. Similarly, total out-patient attendances remained at approximately 81,000.

Central Government Hospitals in Buganda

MASAKA HOSPITAL (285 BEDS)

181. No major building developments took place but minor improvements to the toilets and ablutions were carried out in a number of wards, and three staff quarters were tiled in place of the old thatched roofs. The fall in the number of in-patient admissions recorded in 1959 was reversed. This year admissions exceeded 10,500 compared with 8,800 in 1958 and 6,800 in 1959. The total number of out-patient attendances reached the figure of 145,000 compared with 125,000 in 1959.

ENTEBBE HOSPITAL (91 BEDS)

182. No alterations to existing buildings have been carried out. The tuberculosis Isolation Ward sited on the lake-shore a mile away from the hospital, has benefited by the provision of piped water, electricity and water-borne sanitation.

183. The number of in-patient admissions amounted to just over 2,000 compared with 3,000 in 1959. Total out-patient attendances came to 66,000, approximately the same as in 1959.

Hospitals of the Buganda Government

BOMBO HOSPITAL (73 BEDS)

184. No new buildings were put up, but a few minor improvements were carried out.

185. In-patient admissions numbered 3,700 the same as in 1959. The total attendance of out-patients was 55,000 compared with 51,000 in 1959.

MITYANA HOSPITAL (81 BEDS)

186. No new buildings were put up, but rearrangement of the out-patients department and the dispensary have given improved facilities for patients. In-patient admissions numbered 4,500 compared with 4,400 in 1959. Total out-patient attendances amounted to 70,000 in contrast with 74,000 in 1959.

MUBENDE HOSPITAL (85 BEDS)

187. No new building work was carried out in the hospital but a number of improvements were made to the staff quarters. In-patient admissions numbered 2,800 compared with 3,700 in 1959. Total out-patient attendances numbered 76,000 compared with 75,000 in 1959.

B. Rural Medical and Health Centres

188. There were 172 dispensaries in Uganda administered either by the Ministry of Health or by the Buganda Government. The distribution of dispensaries by provinces is given in the tables below together with the distribution of beds on the same basis.

Dispensaries

			With beds	Without beds	TOTAL
Northern Province	..	..	46	2	48
Eastern Province	..	..	28	15	43
Western Province	..	..	35	11	46
Buganda	..	..	30	5	35
TOTAL ..			139	33	172

Beds in Dispensaries

			General	Maternity	TOTAL
Northern Province	..	..	432	12	444
Eastern Province	..	..	688	221	909
Western Province	..	..	539	122	661
Buganda	..	..	399	182	581
TOTAL ..			2,058	537	2,595

189. Although the total number of dispensaries remained the same as the previous year, the total number of general and maternity beds in those dispensaries increased by 153. There were also improvements in the supplies of drugs and equipments to these units both in quality and quantity. As a result

there was a considerable increase of attendances at these units. During the period under review there were a total of 3,178,866 new patients of all ages attending the dispensaries for the first time.

190. A number of disturbing incidences of theft and burglaries of drugs and equipment from rural units in Eastern and Northern Provinces were reported during the year. In most cases the losses were mainly penicillin and syringes. After consultation with the police, additional security measures were taken in all the units.

191. The dispensaries were visited regularly by senior officials from the District Medical Officer's office and less frequently by the Senior Medical Officers-in-Charge of provinces and also by officers from the Ministry of Health headquarters.

Health Centres

192. At the beginning of the year under review there were 16 designated rural Health Centres which had been up-graded or were in the process of being up-graded from the status of ordinary dispensary. The target agreed with UNICEF is that each health centre will provide an average of 26 general medical and maternity beds and deliveries in the maternity unit should average 30-40 per month. The target for staff is for each unit 1-2 medical assistants, 1-2 midwives or nurse midwives, 1 health inspector, 1 assistant health visitor, 1 nursing assistant or certificated male nurse and dressers. Owing to shortage of staff due to resignation, losses during training and others undergoing extension courses it was not possible to achieve the target agreed.

193. In addition to the designated health centres there are 20 planned health centres which will be developed in other areas by up-grading of other dispensaries. The table below shows the names and the distribution of designated and planned health centres on provincial bases.

		Designated health centres
Northern Province	..	Boli, Dokolo, Wandi.
Western Province	..	Kigorobya, Kisomoro, Kabwohe, Mpalo.
Eastern Province	..	Namangalwe, Budaka, Amuria, Bubulo.
Buganda	..	Kakumiro, Mpigi, Kalisizo, Luwero, Ntenjeru.
		Planned health centres
Western Province	..	Phase (1) Nyabirongo, Rwashamaire, Rukingiri, Nsika. Phase (2) Kiryandogo, Kyenjojo, Ruhoko, Bundibugyo.
Eastern Province	..	Phase (1) Bukedea, Nagongera, Namwendwa, Nsinze. Phase (2) Bugembe, Butulega, Serere.
Buganda	..	Phase (1) Buikwe Semuto (Mengo). Phase (2) Kibale (Mubende), Kalungu (Masaka).
Northern Province	..	Nil.

194. The success attained in the defined areas around each health centre varied from one to another and were affected by various factors such as availability of staff, response and co-operation of the people and chiefs, etc. On the whole it is felt that reasonable progress was made in most areas.

C. Ambulances and Transport

195. The transport fleet continued to give satisfactory service throughout the year, although the accident rate showed a slight increase. There were 11 major accidents involving Ministry vehicles, but none of these were attributable to Ministry drivers. Arising out of accidents, two ambulances had to be written off but replacements coming forward from the United Kingdom against normal orders arrived in time to prevent any breakdown of services.

196. Standardisation of the fleet was continued. At the end of the period, however, a number of old vehicles still remained in service, but with the introduction of new vehicles the average age of vehicles remained the same as in the previous year, namely 3.5 years.

197. The Ministry of Health garage had a busy and satisfactory year. Increasing use was made of Ministry of Works supply and repair facilities throughout the country, but it was still necessary to rely on commercial firms for the supply of certain spare parts not normally used by the Ministry of Works or other Ministries and Departments.

198. The United Nations Children's Fund, in support of maternity, child welfare, rural health and leprosy schemes, supplied to Government two Land-Rovers, and in addition eight Land-Rovers and two vans for use by missions and African local governments.

199. The district ambulances, run and controlled by the African local governments, continued to maintain a satisfactory standard of service. However, as in previous years, increased demands for the service resulted in some districts having difficulty in meeting the resultant financial obligations.

200. The World Health Organisation vehicles, attached to the W.H.O. Uganda Protectorate Government Malaria Scheme in Kigezi, on the whole gave satisfactory service throughout the year, but unfortunately were involved in two major accidents. This fleet was increased during the year by the addition of four Land-Rovers, and it is now adequate for the campaign and any anticipated extensions.

201. An experimental bicycle-trailer stretcher was obtained during the year, but it proved necessary to modify it before being put into service. A close check is being kept on its performance but it is too early to say whether it is as successful as had been originally anticipated.

VEHICLE STATE

Details	1956	1957	1958	1959	1-1-60 to 30-6-60	1-7-60 to 30-6-61
New vehicles obtained	15	15	14	9	1	11
Old vehicles written off (3 ambulances, 2 motor-cycles, 1 pick-up) ..	6	3	7	6	—	6
Vehicles transferred to	—	—	—	2	—	2
Average age of vehicles in years ..	2	2	2·50	3·3	3·5	3·50
On charge at end of period						
Ambulances	9	16	21	23	23	22
Cars, trucks and vans	36	37	36	34	35	41
20-seater buses	—	—	—	1	1	1
Mobile X-ray units	—	—	1	1	1	1
Motor-cycles	2	4	4	4	4	2
Tractors	1	1	1	1	1	1
Trailers.. ..	1	3	5	5	5	5
TOTAL ..	49	61	68	69	70	73

D. Specialist and Consultant Services

202. Government specialists have continued to be based at Kampala working at Mulago, Nakasero and Butabika hospitals, but for a large part of the year, one Specialist Gynaecologist was stationed at Mbale. Visits were made to up-country hospitals as funds and time allowed.

203. The total number of specialists posts was reduced from 13 to 12. At the end of June 1961, 11 of these posts were filled. Two new appointments were local African medical officers who had obtained higher qualifications during the year. The three senior specialists posts were all filled and there was also a fourth supernumerary appointment made. Apart from the specialists, there were nine special grade medical officers holding higher clinical qualifications. One of these was a local African medical officer. The main hospitals outside Kampala, Masaka, Jinja and Mbale all had a share of the Special Grade Medical Officers.

MEDICINE

204. This division suffered the loss of its Professor and the Senior Government Specialist Physician early in 1961. A new Professor was appointed in June 1961. The Professor of the Makerere Medical School was assisted by two Government Medical Specialists and by two Special Grade Medical Officers.

205. It was possible to continue having two general teaching firms and one non-teaching firm. Two new registrar appointments were made in October 1960.

206. A wide range of activities of this division included improved electrocardiographic services by the installation of new equipment and the appointment of a whole-time technician.

207. Increasing demands for the treatment of pulmonary tuberculosis patients was met by the use of beds in the Isolation Ward of Entebbe Hospital and at Mityana Hospital and Kassangati Dispensary, the latter two establishments being under the Buganda Government.

208. Therapeutic trials continued in association with the Medical Research Council of Great Britain. These trials were carried out simultaneously at Mbarara, Fort Portal, Masaka and Jinja hospitals with the co-operation of a M.R.C. Technician attached to the Central Laboratory in Kampala.

209. Research work continued on the following wide range of diseases and conditions:—

Typhoid fever,

Viral studies in Jaundice and unexplained fevers,

Cardiology,

Bilharzia,

Pancreatic disorders,

Diabetes mellitus.

No less than 31 clinical papers were published by the staff of the division.

210. With the appointment of a Specialist in Clinical Pathology in October 1960, it was possible to establish a laboratory separate from the Central Laboratory for work in Mulago Hospital, dealing mainly with haematology, bacteriology, parasitology and some biochemistry. Total examinations in the hospital laboratory exceeded 95,000.

PÆDIATRICS

211. This division continued under the control of the Professor of Pædiatrics of Makerere Medical School. He continued to have the assistance of a Special Grade Medical Officer, seconded from the hospital for sick children, Great Ormond Street, London. A nursing sister was also attached to the division. There was one Registrar working in pædiatrics. Close co-operation continued with the Medical Research Council Infantile Malnutrition Unit, situated in the grounds of Mulago Hospital.

212. Research work continued on the chemoprophylaxis of sickle cell disease and the histology of the nephrotic syndrome. Activities outside the hospital included further surveys of community child health among certain local tribes and the organisation of three seminars for the benefit of Government and voluntary hospital staff. Twelve scientific papers were published during the year as well as contributions to four books.

SURGERY

213. The Surgical Division continued in the charge of the Professor of Surgery, Makerere College. The college continued to supply two surgical assistants and one Orthodaedic Surgeon. On the Government side, Mulago Hospital provided four Surgical Specialists, two of senior rank. Government also provided one Specialist Thoracic Surgeon, and one Medical Officer with a diploma in Oto-Rhino-Laryngology. As in the previous year, the division had the services of a Senior Specialist Ophthalmologist, assisted by a Special Grade Medical Officer, two Dental Surgeons and two Specialist Anaesthetists.

214. As far as general surgery was concerned, the division was divided into three separate firms. The following special units were in process of development:—

Cardio-Thoracic,

Orthopaedic,

Ophthalmic and Ear, Nose and Throat Units.

215. On the training side, the division gave postgraduate training to four Registrars. Two of these spent part of the year in the United Kingdom. In addition, four other Government Medical Officers outside the Registrar training scheme, were attached to the division to enable them to gain further experience and lead to higher qualifications. One Government Medical Officer secured a junior Lectureship in the Anatomy Department of the Medical School to enable him to prepare for the primary examination of the F.R.C.S. A number of other doctors visiting Uganda temporarily, were accepted for short periods as temporary medical officers to enable them to gain further practical experience. In other countries such persons might be described as Senior House Officers, but it has not been possible to include such a group in the Government Staff List. During the year, a three weeks Refresher Course in surgery was arranged for Medical Officers from the districts. Unfortunately, owing to staff problems, it was only possible for one Medical Officer to attend this.

216. During the year, operations performed by the staff of the division amounted to 9,779 compared with 11,000 in 1959.

217. Visits were paid to nearly all up-country hospitals on at least one occasion. Close relations were maintained with Masaka, Jinja and Mbale hospitals.

218. Research activities included continued study in the treatment of Kaposi's Sarcoma in co-operation with the Cancer Registry and a number of District Medical Officers. Work also continued on the epidemiology of malignant lymphomas. Study was made on grey monkeys, concerning possible techniques for the management of sigmoid volvulus of the colon.

OBSTETRICS AND GYNAECOLOGY

219. The Head of the Department of Obstetrics and Gynaecology is the Professor in these subjects of the Medical School. The school also provided two full-time assistants. From this Ministry two specialists were attached, although one of them was working in Mbale for part of the year. A further six medical officers either registrars or Government officers worked as Senior House Officers. For the first half of the year, Government was able to provide one Special Grade Medical Officer.

220. For the past two years, reference has been made to the very overcrowded state of the maternity wards. To tackle this problem arrangements were made this year for a number of normal maternity patients which had attended Mulago Ante-natal Clinics to be transferred to two voluntary hospitals, Mengo and Nsambya. During the year, 1,518 deliveries were transferred; 748

to Mengo and 770 to Nsambya. An African worker was employed to talk to women attending ante-natal clinics and to inform them of other means of obtaining skilled assistance for their confinements; reference being made to other hospitals, nursing homes and maternity centres at dispensaries as well as midwives registered for private practice in the area of their homes. A committee under the chairmanship of the Government Specialist considered the possibilities of increasing domiciliary midwifery in the Kampala area. It was found that the crowded homes of many of the patients made home deliveries impossible. As an alternative, plans were worked out for the development of simple delivery centres on the housing estates and at Nsambya Police Lines. A building at the latter was nearing completion in June 1961.

221. In spite of the measures described in the previous paragraph, total admissions to Maternity Wards amounted to 6,500 compared with 6,100 in 1959. Total deliveries in Mulago Hospital amounted to 3,800.

222. Total admissions to the Gynaecological Wards were almost the same as in 1959, just over 1,000. An increasing number of minor operations are now performed in the out-patients department.

223. Total attendances of ante-natal and gynaecological out-patients numbered 48,000, an increase of 3,000 over 1959 and 17,000 over 1958.

224. Research work included an investigation of all still-births at Mulago, post-operative thrombosis and cancer chemotherapy. Five papers by members of the Department were published in Medical Journals.

OPHTHALMOLOGY

225. The Eye Division continued under the direction of the Senior Government Ophthalmic Specialist with a Special Grade Medical Officer. The pressure of work in the out-patients department increased. Total attendances came to 17,000 compared with an average of 13,500 per annum in 1959 and 1958. 1,200 patients were admitted for in-patient treatment, a slightly lower figure than in the previous two years. Approximately 1,000 operations were performed compared with an average of 9,000 per annum in the previous two years.

226. To develop ophthalmic work in other hospitals, the Senior Specialist made a number of up-country visits and the Eastern Province continued to benefit from the full-time services of a medical officer holding a qualification in ophthalmology. Throughout the year he was based on Mbale, but made visits to all hospitals in the Eastern Province and to Lira. Two medical assistants were trained at Mulago in the treatment of common eye disease including the performance of a simple operation for entropion. They have now returned to up-country hospitals.

OTO-RHINO-LARYNGOLOGY

227. Whilst coming under the general control of the Department of Surgery, this division was run throughout the year by a Government Medical Officer holding the diploma in Oto-laryngology. He received useful assistance from two medical assistants. The total number of new out-patients came to nearly 4,000. Some 900 were also seen at Nakasero Hospital. In-patients are looked after in two or three beds in each of the main surgical wards, except that all

tracheotomy patients are referred to a particular ward. During the year, 20 infant tracheotomies were performed.

228. A total of 334 operations were performed of which 98 were tonsillectomies. Research work has included investigations into atrophic rhinitis, transitional cell papilloma of ethnoids, congenital laryngeal stridor and deaf-mutism.

ANÆSTHESIA

229. One of the two Government Specialists resigned in April 1961. The Department had one full-time Government Medical Officer and for a large part of the year one Registrar and another Medical Officer in training. The volume of work performed by the staff was approximately 12,000 anæsthetics in Mulago and 2,000 in Nakasero. There are four trained medical assistants working at Mulago, but it was not possible to continue further training. However, there are nine trained medical assistants giving anæsthetics in up-country hospitals. Brief safaris were made to Jinja and to stations in the Western Province.

230. Some interesting work has been done on thoracic cases in co-operation with the Thoracic Surgeon. The E.M.O. ether/air machine has been brought into regular use as a safe and economic apparatus, well suited to up-country needs. Medical assistants are trained in its use. The general availability of this machine has helped to counter rising costs for cylinder gases.

PSYCHIATRY

231. Throughout the year there has been one Specialist Psychiatrist available, mainly for work in Butabika and Mulago Mental hospitals. In June 1961, a Special Grade Medical Officer became available when the first African officer succeeded in passing the diploma in Psychiatric Medicine. Four general duty medical officers were also employed in the mental hospitals.

232. There has been a rapid rise in the number of male criminal lunatics so that the average number in the criminal Broadmoor Ward was 43 more than in the previous year. By contrast, the number of civil in-patients decreased by 85. Out-patient attendances are increasing rapidly. 130 new cases were seen in the month of June 1961, compared with 16 in July 1960. By treating cases as out-patients, it has been possible to avoid a number of admissions.

233. The training school for psychiatric nurses was opened at Butabika Hospital in August 1960. For the first time female students commenced their training. Electroconvulsive Therapy continues to be used extensively, although not quite as much as in previous years due to the availability of suitable modern drugs in increasing numbers.

234. A number of visits to up-country hospitals was made by the specialist on occasions when he was required to give evidence in district courts. A special ward for the short-term treatment of psychiatric cases is available at Soroti Hospital and similar wards are planned for other hospitals.

RADIOLOGY

235. The Specialist Radiologist resigned in October 1960, but in December it was possible to appoint a Special Grade Medical Officer who had recently obtained the diploma in Medical Radiodiagnosis.

236. No new units were opened, but a new X-ray Department was constructed at Fort Portal Hospital ready for the completion of a new electric generator. Radiographers were posted to Jinja, Mbale as well as Kampala. Assistant Radiographers were employed at Fort Portal, Lira, Masaka, Mbarara and Tororo.

237. Examinations carried out in up-country units may be summarised as follows:—

Hospitals				Chest and heart	Total examinations	Total for 1959
Fort Portal	..	..	..	821	1,268	1,848
Jinja	..	..	..	1,515	3,847	5,189
Kabale	..	..	..	836	1,306	1,405
Lira ..	..	..	..	595	1,150	718
Masaka	..	..	..	1,806	3,313	4,136
Mbale	..	..	..	1,920	3,829	4,856
Mbarara	..	..	..	1,296	1,706	2,741
Tororo	..	..	..	516	1,157	830

E. Other Special Services

DENTISTRY

238. This has been a particularly difficult year for Dental Surgeons. Half-way through, three Dental Surgeons resigned, one of them to go into private practice in Uganda. The Mission Dental Surgeon from Ngora Mission Hospital in Teso, who had been doing Government work on a sessional basis, resigned at the end of the year. Towards the end of the year, one new dental officer arrived in Uganda on transfer from another territory.

239. Nakasero which normally has full-time work for two dental surgeons, was without a Resident Officer for the early months of 1961. Emergency arrangements were made for weekly visits from the Dental Surgeons stationed at Entebbe and Jinja and for the employment on a sessional basis of three private Kampala dentists.

240. The new Dental Unit which opened at Masaka Hospital in April 1959, had no Dental Surgeon from January 1961, although a locally trained assistant was able to deal with general extraction work from the out-patients department. Full-time Dental Surgeons were retained at Entebbe and Jinja, although both of them had to assist with the work at Nakasero.

241. A licensed dentist on contract continued to work at Mulago Hospital with two experienced dental assistants. Total extractions in this busy hospital numbered 14,800, a slight rise over the figure of 14,200 in 1959. Over 500 X-ray films were taken and total attendances exceeded 22,200.

242. Apart from a few visits paid by the Mission Dental Surgeon in the Eastern Province, up-country touring came to an end in January as the officer stationed at Masaka had been responsible for the Western Province.

PHARMACY

243. The supply of goods from the United Kingdom remained good except for two months late in 1960 due to a dock strike at London. This resulted in a shortage of X-ray films, rubber gloves and one size of catgut. The cost of

equipment showed another small increase. Some drugs were bought from the Continent where prices approximated to half those demanded by U.K. manufacturers.

244. The first African student to qualify as a pharmacist returned from U.K. and joined the Entebbe staff.

245. U.N.I.C.E.F. equipment and milk continued to arrive and was stored at Tororo.

246. A Stock Verifier as Secretary to the Committee on stores set up on the recommendation of the Economy Commission did a survey of stock at Medical Stores. There were no losses during the year.

247. The Medical Stores Advisory Committee continued to meet regularly at two-monthly intervals and the Pharmacy and Poisons Board at three-monthly intervals.

248. Owing to staff shortage the Chief Pharmacist was unable to carry out any extensive safari.

BLOOD TRANSFUSION

249. The Uganda Blood Transfusion Service came into being in July 1960, and a medical officer in charge was appointed. Its nucleus was the Red Cross Blood Transfusion Service which had been functioning admirably for a number of years in various parts of the Protectorate. This had grown enormously especially in the Kampala/Mengo and Jinja districts and there was an ever-increasing demand for blood. It soon became evident that the Transfusion Service should become a Government service though the Red Cross Society should maintain its responsibility for the recruitment of blood donors, the arranging of donor sessions and for propaganda.

250. The newly-formed service had its headquarters in Kampala and continued to work within the framework of Mulago Hospital with the hospital laboratory staff among whom was a technician who had been engaged to do blood transfusion work only. At the end of September 1960, the work done in the blood transfusion laboratory was split into two and that part which involved the blood-grouping and cross-matching of specimens from hospital patients ceased to be done by the blood transfusion technician. He then became employed on purely blood bank work along with a trainee laboratory assistant.

251. It was obvious that larger accommodation would have to be found to allow for expansion of the service and in December 1960, the unit moved to the old Sisters' Mess at Nakasero Hospital.

THE KAMPALA CENTRE

252. The staff now consisted of a medical officer, a technician, a trainee laboratory assistant and three dressers. These three dressers were employed on set-cleaning and assembling, needle-sharpening and also attended at donor sessions. Although they were on the Mulago Hospital staff they had become essential to the working of the Kampala Centre. Because of their varied duties a new grade has been introduced namely, that of Donor Attendant.

253. One dresser was left at Mulago to continue to recruit donors from among the friends and relatives of patients. His figure of 399 bottles of blood for the year was a worthwhile contribution.

254. In the laboratory 4,712 specimens of blood from donors and prospective donors have been grouped. Early on it was decided to reduce the number of prospective donor groupings as these would have given more work than the ultimate results warranted.

255. Asian and European blood donors had been Rhesus grouped for a number of years but in March 1961, the Rhesus grouping of all blood donors was begun. It is expected that results will be published next year.

256. The work in the Centre has increased all round and it is regretted that serum has to be sent to the main laboratory for Kahn testing.

257. Grouping serum is supplied to all laboratories in the country, the preparation and processing of freeze-dried anti-A and anti-B serum being done in the Centre.

258. Blood is supplied to Mulago, Nsambya, Mengo, Nakasero, Rubaga, Kisubi and Bombo hospitals and also to two nursing homes.

259. The two Kampala/Mengo Red Cross organisers also moved into the new building, where they were provided with an office, a waiting-room for donors and a room where donors could be bled. Since January they have held weekly donor sessions in the Centre but most of the blood collected was taken at schools and other institutions some distance away. Over the year they attended 159 sessions, gave 50 talks and 25 film shows, and it is to their credit that they collected 3,671 bottles of blood which is 1,385 more than for the same period last year. One of the highlights of the year was the presentation of a Blood Transfusion Van by His Excellency the Governor to the Red Cross. The funds for this van came from Lady Crawford's Charities.

260. These organisers are responsible for sending films, slides, badges and stationery to all stations.

OTHER STATIONS

261. Almost every station in the country was visited by either the medical officer in charge or by the blood transfusion technician and a great deal of information has been obtained which is being used in planning extensions to the service. It was felt that there were indeed few places where blood could be stored with safety. There were various reasons for this such as inadequate refrigeration and shortage of staff both trained and untrained. Circulars were sent out on the Storage of Blood, A. B. O. groupings and Cross-matchings and Cleaning and Assembling of Transfusion apparatus.

262. Disposable blood-giving sets will be sent free to all stations outside the Kampala/Mengo district in the forthcoming year. This should help to ease the pressure of work especially in the Jinja region.

263. The installation of new blood bank refrigerators at the Centre has made one of those previously in use, available for an up-country station.

264. There are Red Cross organisers in most districts who are responsible for donor panels. The Hoima and Kabale panels are new, having been formed last year.

265. Only in Jinja is there a Blood Bank in the true sense though all medical officers throughout the country are anxious to store blood, especially for obstetric cases. There is a very active Blood Transfusion Committee in Jinja and its members are to be congratulated on the excellent results.

266. Plans for a speedy improvement in the field of blood transfusion in all stations are on hand. Stumbling blocks to immediate changes are lack of money, shortage of trained staff and in many places, lack of electricity.

F. Voluntary Medical Services

267. The Grants-in-Aid Regulations were revised during the year under General Notice No. 245 of 1961, which replaces completely the regulations previously in force.

268. The Advisory Committee on Voluntary Medical Services, appointed by the Minister of Health, continued to advise on the allocation of grants to mission and other voluntary organisations, and the following grants were paid by the Ministry to medical bureaux, which are the co-ordinating bodies between the individual mission units and the Central Government.

			Recurrent	Capital
			£	£
Protestant Medical Bureau	..	..	37,833	12,500
Catholic Medical Bureau	..	..	28,943	12,500

269. A comprehensive list of all medical units run by mission authorities is given in the Medical Services Statistical Records, which are published with this report.

270. The Minister of Health appointed a committee to advise him on the allocation of grants for leprosy control, which are made annually to mission units and local governments. As in the past, missions continued to be responsible for much excellent work in the care and treatment of leprosy patients.

G. Independent Medical and Nursing Units

MILITARY HOSPITAL

271. The 4th K.A.R. battalion whose headquarters are at Jinja continued to provide a small hospital of 35 beds for the care of askaris and their families. The hospital works closely with the Government District Hospital in Jinja to which the more serious cases are transferred.

INDUSTRIAL HOSPITALS

272. Five industrial hospitals with resident doctors are maintained. Kilembe Mines, the two sugar estates at Lugazi and Kakira and at the tea estates at Kijura (Toro) and Mityana. These provide a total of 303 beds of which 19 are for maternity cases. The Kilembe Mines Hospital is paid a fixed grant by Government in return for giving medical attention to Government and High Commission staff working at Kasese and in the southern part of Toro District.

273. Dispensary facilities, with resident medical staff, are provided at Salama Estates, near Kampala and at the Cement Works, Tororo.

RESEARCH UNIT

274. The buildings of the E.A.T.R.O. near Tororo provide hospital beds for 12 patients for the treatment of cases of trypanosomiasis transferred to them from other hospitals or nearby dispensaries. Reconstruction and expansion of this unit was started in March.

NURSING HOMES

275. A total of nine private registered nursing homes operated throughout the year. These are situated in Kampala, Jinja, Mbale and Masaka.

V.—AUXILIARY SERVICES

A. Laboratory Service

THE CENTRAL LABORATORY, KAMPALA

276. The Central Laboratory carried out the same functions as in previous years. Since the end of December, the functions of the Central Laboratory have materially altered and the emphasis is now mainly directed to Public Health investigations.

277. The clinical bacteriology for the Kampala area is at present performed at the Department of Pathology, Makerere College Medical School, but will be transferred to Mulago when the new hospital is completed. Histopathology for the whole Protectorate is now entirely performed at the Department of Pathology, Makerere College Medical School. The same department has also taken over responsibility for all autopsies at Mulago Hospital. The biochemistry section has moved to Mulago laboratory where all clinical biochemistry for the Kampala area is performed.

278. In view of these changes, the opportunity was taken to re-wire and redecorate the Central Laboratory. This work has not been completed yet and consequently the laboratory is not at present able to function fully. Briefly its new duties may be outlined as follows:—

(a) Bacteriological examination of water, milk, foods and drugs.

(b) Bacteriological examination in connection with communicable diseases, especially gastro-intestinal diseases, diphtheria and plague as well as some of the clinical bacteriology referred from district hospitals.

(c) Some public health virology, especially in connection with suspected smallpox.

(d) Serological (such as Widal, Brucella and Weil-Felix) agglutination tests and syphilis serology.

(e) Culture of specimens for tubercle bacilli for the whole Protectorate and sensitivity tests on tubercle bacilli from positive cultures.

279. Functions (b), (d) and (e) are already being carried out. The culture of tubercle bacilli and their sensitivity testing are performed by a technician employed by the Medical Research Council, and he has been able with assistance of staff of the Central Laboratory, to handle not only specimens from patients in the Medical Research Council trial but, so far, all specimens requested from the whole Protectorate.

280. Medical students have continued to be instructed in Forensic Medicine by the Senior Pathologist and his staff.

281. The number of histopathological specimens continued to increase during the latter half of 1960, a total of 642 being examined at the Central Laboratory during that period. A total of 1,988 specimens were examined bacteriologically (exclusive of tuberculosis) and 2,696 serologically during the last 12 months. Other tests performed include 18 Asheim-Zondek tests and sperm counts, and in the last half of 1960, 207 haematological, 668 stool and 454 urine examination. Biochemical estimations totalled 5,296 in the six months July–December 1960. The number of specimens cultured for tubercle bacilli as well as the number of sensitivity tests has increased considerably, especially in the last six months. Thus 3,226 specimens were cultured for tubercle bacilli and 1,809 sensitivity tests performed, against 342 and 124 respectively for 1959, i.e. an increase of almost tenfold.

282. Successful work has been carried out by Mr. Clancey, M.R.C. Technician, on the isolation and culture of *Mycobacterium ulcerans* and reproduction of the disease in animals. A joint paper is shortly to be published on the findings.

283. Research on Kaposi's sarcoma has continued and results from the Central Laboratory proved of interest at a recent International Symposium on Kaposi's Sarcoma held in Kampala. Various papers on the subject are in the press.

284. A survey of the incidence of red blood cell glucose—six phosphate dehydrogenase deficiency of the population in various parts of Uganda was carried out and the results are shortly to be published, as are also some investigations into medico-legal problems.

DISTRICT LABORATORIES

285. District laboratories, which are supervised by the Senior Pathologist, have continued to carry out simple examinations on blood, stool, urine and sputa. In some laboratories limited biochemical, bacteriological and serological examinations have been performed.

286. The total number of examinations conducted over the last 12 months by district laboratories amounted to 229,959, i.e. an increase of 15 per cent over the previous year.

B. The Entomological Division

287. At the beginning of the financial year 1960/61 the Sleeping Sickness Inspector, Jinja, and his staff was transferred from the establishment of the Provincial Commissioner, Eastern Province, to that of the Senior Entomologist who assumed responsibility for the organisation and maintenance of the Sleeping Sickness Inspector service in Busoga and Bukedi.

288. The Senior Entomologist re-entered the tsetse and trypanosomiasis field by making available a mobile team of microscopists who assisted District Medical Officer, West Nile, in a routine inspection and carried an independent inspection

under the Sleeping Sickness Inspector of a population hoping to re-enter the West Acholi–East Madi Sleeping Sickness Restricted Area.

289. The unit also started work on the human end of the bilharzia transmission cycle, its activities in this field having hitherto being confined to snail searches. The adoption of the A.M.S. 111 egg concentration technique developed by the United States Army Medical Service Research Centre in 1912 in place of the simple saline-faeces smear examination in use in Uganda has revealed that that a large number of people carry an infection of *Schistosoma mansoni*.

290. *Simulium* control work has been mainly confined to maintenance of existing control on the Nile at Jinja and in the Budongo Forest both of which areas are now free from all vector *simulium*.

291. A pilot scheme to investigate the possibilities of local control of *simulium* in limited areas within a continuous belt of *simulium* distribution is operating on the Nyamagasani River system on the Ruwenzori foothills. It was hoped that after the rivers had been cleared of simuliids by the unit's staff the maintenance of control could be undertaken by the staff of the District Health office. The initial results are not encouraging: the first of the monthly maintenance doses was not applied and significant repopulation of the breeding sites occurred.

292. Rats, fleas and plague have caused anxiety in West Nile District. The breakdown of the prophylactic measures in the Congo were reported to have resulted in an outbreak of plague which might well have spread into Uganda. A minor epizootic among rats was in fact detected near Paidá. Energetic action by the local health staff applying D.D.T. dusting powder curtailed the immediate threat. A full-scale rat and fleas survey was then carried out by an entomologist on whose recommendations the District Health Inspector carried out an insecticidal campaign throughout the area in danger.

293. In view of the threat of plague from the Congo, insecticide has been lavishly applied to the steamers and lighters plying to Congo ports from Butiaba.

294. A rat and flea survey was carried out on the Toro–Congo border. It was reported that conditions in this area are very favourable to the rapid dissemination of plague. *Rattus rattus*, *Rattus natalensis* and *Arvicanthus abyssinicus* are present in large quantities among an increasing population of all housed squatters.

295. Malaria control except in the larger municipalities and townships has degenerated into a half-hearted attempt at nuisance mosquito control owing to lack of adequate finance.

296. Malaria control in rural areas other than Kigezi is non-existent and action is difficult to control the great increase in malaria potential created by water development operations and fish culture.

297. Two parasites, hitherto unknown in man in Uganda have been recorded. One is the filarial nematode *Loa loa* found in several people in Nyabirongo, Busongora, Toro, during an onchocerciasis survey. The other is a fluke, *Dicrocoelium dendriticum* found in the stools of ruminants in Europe.

C. The Government Analytical Laboratory

298. From its beginning the year under review has been one of change in the staffing, organisation and work of the analytical laboratory. With the closing down of the Pollution Control Section of the Labour Department in June 1960, the majority of its staff and most of its equipment were transferred to this laboratory together with its growing volume of water examination work and a small amount of essential pollution control work. Mr. H. A. Harbottle, B.Sc., who had been acting as Government Chemist for the past year in addition to his own duties as Pollution Control Officer was appointed Government Chemist with effect from 1st July, 1960.

LABORATORY AND EQUIPMENT

299. A small room, converted for use as a microbiological laboratory was ready for occupation at the beginning of the year. Originally intended to provide facilities for the bacteriological examination of water samples inherited from the Pollution Control Section, it has also allowed the bacteriological examination of milk, cream, ice-cream, soft drinks and other foodstuffs to be undertaken and provided additional facilities for the assay and identification of antibiotics.

300. The present laboratory building, opened as recently as May 1958, has already become too small to allow the increased volume of work now required of the analytical laboratory to be carried out in comfort. Two additional laboratories made available in the Medical Laboratories building will, when they are ready for occupation in August, afford welcome relief but this will only be temporary if the present rate of expansion in the volume of work submitted continues.

301. Forensic work submitted by the Police has shown a significant decrease, the number of exhibits and specimens received for examination during the year being 290 lower than in the previous year, and on a "number of samples" basis constituted less than 50 per cent of the total received compared with nearly 70 per cent in 1959/60. Amendment of section 151 of the Criminal Procedure Code in February 1961, following recommendations made by the Director of Public Prosecutions after consultation with the Senior Pathologist and the Government Chemist has relieved the Government Chemist of a very considerable amount of administrative work in connection with forensic examinations while the appointment by the Commissioner of Police of a Police Liaison Officer (Scientific Aids) has afforded further relief and has resulted in greater consideration being given by investigating officers as to whether submission of material to the laboratory and the results of its examination will be of use in their investigations.

STAFF

GOVERNMENT CHEMISTS	...	...	H. A. Harbottle, B.Sc. C. D. Allen, B.A., B.Sc., A.R.I.C.
ASSISTANT GOVERNMENT CHEMIST	...	...	K. E. Okelo, B.Sc.
SENIOR LABORATORY ASSISTANTS	...	...	S. K. Namungo. P. L. Amo (till 25th September, 1960). J. Kafero.
LABORATORY ASSISTANTS	...	...	R. Olanya. E. L. L. Mutyaba. J. E. K. Barumba. J. B. Musoke (Trainee till 1st April, 1961).
CLERKS	...	...	J. G. Tagu Kuria (till 31st May, 1961). A. Kirinda (from 1st May, 1961).

The following table shows the numbers of samples submitted by Government departments and other sources:—

	1960/61	1959/60
Police	1,471	1,761
Ministry of Health	572	392
Ministry of Works	115	24
Ministry of Social Development and Labour ..	51	17
Ministry of Agriculture and Animal Industry ..	32	7
Ministry of Local Government	24	—
Ministry of Land and Water Resources	11	15
Tender Board	19	15
Other Government sources	13	1
H.M. Customs and Excise	29	31
E.A. High Commission Services	36	2
Uganda Coffee Industry Board	213	213
Kampala and District Water Board	266	53
Other Public Bodies	5	11
Commercial and Private	176	114
TOTAL ..	3,033	2,656

The following table shows the numbers received in different categories:—

	1960/61	1959/60
Waters and sewages	784	212
Foods	194	166
Coffee	213	217
Forensic specimens	1,134	1,410
Drugs	387	432
Clinical specimens	98	98
Edible oils and oilcakes	57	30
Petroleum products	29	22
Soils and fertilisers	33	4
Miscellaneous	104	74
TOTAL ..	3,033	2,656

VI.—TRAINING

302. The Council for Postgraduate Medical Training met on three occasions during the period under review. In March the membership of the Council was increased from 11 members to 17, giving a wider representation of the Faculty of Medicine, Makerere College, and other bodies concerned with postgraduate medical training.

303. The Board of Studies has been replaced by the Training Committee of the Council.

304. The first two African Registrars have successfully completed their postgraduate training, having obtained F.R.C.S. and M.R.C.P. respectively, and returned to this country, early in 1961. One Registrar passed his primary F.R.C.S. in December and returned to Mulago Hospital for further training. Two other Registrars have been appointed, bringing the establishment of this cadre up to 12.

305. Three Registrars, all African, were undertaking further training in the United Kingdom during the period under review, for M.R.C.P., F.R.C.S. (final) and M.R.C.O.G. respectively. Of those remaining (at Mulago Hospital) 5 are

Africans, 3 Asians and 1 an expatriate. There are 2 Registrarships in Medicine, 3 in Obstetrics and Gynaecology, 1 in Surgery, 1 in Anaesthetics, 1 in Pathology and 1 in Psychiatry. One Registrar in Obstetrics and Gynaecology has been awarded a Commonwealth Scholarship for a course of study leading to the M.R.C.O.G.

306. There seems little or no interest expressed by local graduates in Anaesthetics, Radiography, Ophthalmology and E.N.T.

307. No training of Dental Surgeons is undertaken in East Africa but there are 8 Africans in the United Kingdom who have been awarded Protectorate Government Scholarships to study Dentistry, the first three of whom are expected to return to Uganda by 1964.

308. Other applications for study leave (e.g. D.P.H., D.C.P., D.P.M.) were also submitted to the Council for their recommendation before approval of the Public Service Commission was obtained.

209. In 1960, 7 Medical Officers (2 Africans, 5 expatriates) proceeded to the United Kingdom for courses of study leading to the D.P.H., all of whom successfully passed the examination. One Dental Surgeon obtained the Diploma in Public Dentistry, one Pharmacist attended a three months' course of study in Radio-isotopes, and one Dental Technician did an advanced course in Orthodontics. One African Medical Officer returned to the United Kingdom to sit the Diploma in Psychological Medicine and successfully passed this examination in June 1961.

310. A number of Protectorate Government Scholarships, African Local Government and Buganda Government Scholarships were awarded during the year for courses of study in the United Kingdom for dentistry, nursing, radiography, laboratory technology and physiotherapy. The first African Midwifery Tutor successfully completed her training and is due to return to Uganda in August.

UNDERGRADUATE TRAINING

311. Undergraduates at present studying at Makerere Medical School will lead to an expected output of 63 registrable medical practitioners available for Uganda by the beginning of 1967. This output falls far short of the needs of the country. Since 1945, the Medical School has been equipped, but not staffed, to deal with an annual intake of 60 students.

312. There are more candidates with the requisite educational standard who apply for admission to the Medical School than there are places available at Makerere. Although the Faculty of Medicine has planned to increase the intake gradually over the next four years, so that it will be 50 by 1965, the impact of this increase will not be felt until 1971.

313. It is the policy of the Central Scholarships Selection Committee not to award overseas scholarships for medical degrees as facilities exist locally.

314. Although the postgraduate training of doctors is proceeding satisfactorily there is the danger of getting a top-heavy service with too many specialists. There is no doubt that what is needed is a greater number of general practitioners and fewer specialists, and to reduce the present doctor-patient ratio of about 1 : 18,000 to something like 1 : 5,000.

315. Training schemes can be divided into two categories:—

(A) *General Nursing*, syllabus, training and examinations are under the control of the Nurses, Midwives and Medical Assistants Council of Uganda, *see* Table 1.

(B) *Technical Courses* for such trainees as dispensers, laboratory assistants and assistant radiographers, *see* Table 2.

A. General Nursing Group

MEDICAL ASSISTANTS

316. The Medical Assistant's syllabus, training and examinations, still come under the Council for Nurses, Midwives and Medical Assistants, and it is for this reason that they are included in the General Nursing Group: but it may well be that as a result of the new syllabus undertaken at Mbale, where much less emphasis is placed on nursing, and more attention being given to the diagnosis and treatment of diseases and preventive medicine, they will be removed from the control of the Council. Twenty-two Medical Assistants successfully completed the course at Masaka Training School and there will be a final output of seven in 1962 from this school. No further training of Medical Assistants will take place at this school. The new Medical Assistant Training School at Mbale will be completed in August 1961, and will have accommodation for 74. The first output from this school will be in 1963. The duration of the course is three years, the first year being spent on basic nursing procedures, anatomy, physiology, communal health and elementary bacteriology and pharmacology. The second and third years are spent in the study of medicine, surgery and allied subjects with practical tuition in clinical methods, diagnosis and treatment on the wards and out-patient clinics at Mbale Hospital.

CERTIFICATED NURSES

317. Female student nurses are trained at Mulago Nurses and Midwives Training School and Jinja Training School and male student nurses are trained at Masaka and Lira. The duration of this course is $3\frac{1}{4}$ years. The male student nurses at Lira did particularly well in the preliminary nursing examination of the Council for Nurses, Midwives and Medical Assistants; all 36 successfully passed the examination.

UGANDA REGISTERED NURSES

318. This course was commenced in May 1961, with an intake of 12 student nurses. All students possess Cambridge School Certificate. It is hoped to increase the intake, which is once a year, over the next few years. The standard of the course, and that of the examination, will be such that it is hoped the U.R.N. will be recognised as being equivalent to the S.R.N. by the General Nursing Council for England and Wales.

319. It is estimated that the present overall staff/bed ratio is approximately 1:8, and it is thought that the present training programme will enable this figure to be reduced to 1:4 within the next three or four years. The losses of the female student nurses have remained constant over the past few years at about 25 per cent. The main causes are marriage, pregnancy and failure to reach the required standard.

MIDWIVES

320. The new Midwifery Training School at Mbarara was completed early in 1961, and had the first intake of 12 pupil midwives in May. The school has accommodation for 24 pupil midwives. Pupil midwives are also trained at Gulu in the Northern Province, and at the Mulago Nurses and Midwives Training School, Kampala. In addition to the 2½ years' course for pupil midwives, a one-year course is also run for Uganda Certificated Nurses.

MENTAL NURSES

321. The training of both female and male mental nurses is now undertaken at the new Butabika Mental Hospital Training School. This new training school has excellent single room accommodation for 20 female and 20 male student nurses.

ASSISTANT HEALTH VISITORS

322. The present course of training which lasts one year and is carried out at the Mulago Nurses and Midwives Training School, has trained 19 Assistant Health Visitors since 1956: some have returned to the Missions but in June 1961, Government only had five such officers in the service. The present course fails to attract sufficient entrants for the needs of the country, and to staff the health centres, and it also deprives the Ministry of essential staff—namely nurses and midwives. For this reason it is proposed to abandon the present course of training and steps are being taken to introduce, early in 1962, a new course for girls straight from school. In this way it is hoped to produce a sufficient number of the type of assistant health visitors required in Uganda.

SPECIAL COURSES AND REFRESHER COURSES

323. Refresher Courses are run for Medical Assistants and Nursing Assistants (previously called Nursing Orderlies). Selected Medical Assistants continue to be trained in theatre technique and anæsthesia, undertaking an 18 months' course at Mulago Hospital. The aim is to produce a sufficient number of Medical Assistants trained in theatre technique and anæsthesia to staff all district hospitals. Since this course was introduced in 1958, 15 Medical Assistants have completed their training and there are a further 10 under training.

B. Technical Courses

324. For this group of training courses which require Cambridge School Certificate (e.g. Medical Assistants, Dispensers and Laboratory Technicians), the degree of education is similar to that required for a university education, but the training given subsequently is designed to produce an officer who carries out a relatively subordinate task with limited prospect. This state of affairs tends to deter people applying for these courses and even when they do, they frequently resign at an early stage to take up a more remunerative career.

HEALTH INSPECTORS

325. There was a further intake of 19 serving Health Inspectors (E.A.) to the second two-year extension course leading to the General Overseas Examination of the Royal Society of Health. The Ministry also accepted four Health Inspectors from the Kenya Government for this second course. On

completing this two-year course of training at the School of Hygiene, Health Inspectors will undertake a four months' course in Nairobi, leading to the "Meat and Foods" Examination. It is expected that the first locally trained Health Inspectors to possess the General Overseas Certificate of the Royal Society of Health will be available for service in October 1962. The first two courses for serving Health Inspectors (East Africa) leading to the General Overseas Examination were reduced to two years' duration instead of four, on the assumption that Health Inspectors are already partially trained. However, a number of the older Health Inspectors (East Africa) selected for this course, and who qualified as Health Inspectors (East Africa) many years ago when the educational standard accepted for entry was much lower, are finding it very difficult to follow the course. On the other hand, their practical experience is a great advantage to them.

HEALTH INSPECTORS (EAST AFRICA)

326. This course was discontinued after those attending the course sat for the final examination in December 1960. Six candidates successfully passed the examination and five will re-enter the school later in 1961 to prepare for a further attempt at the examination.

HEALTH ASSISTANTS

327. Although this two-year course continued with the previous years trainees, there was no intake during the period under review. This was because the accommodation at the School of Hygiene was required for other purposes. However, it is anticipated that there will be a further two intakes within the next eight months. In the new intakes, the Ministry will only undertake the training of the Health Assistant; on completion of their training, they will be employed by the respective African Local Governments who nominated them.

RURAL TRAINING SCHOOL

328. A Rural Training School has been established adjoining the large modern Bukadea Dispensary in Teso, 22 miles from Mbale. This centre offers excellent facilities for the training of Medical Assistants, for the work they are destined to carry out at dispensaries after qualification. This is also a Leprosy Treatment Village in the vicinity. The practical training of Health Assistants is also carried out here, where they undertake sanitary surveys, improvements in actual homesteads and protection of springs.

DENTAL TECHNICIANS

329. The course continued with two Dental Technicians trainees and they have progressed so well with their studies that it is now thought possible that they will be able to take the Intermediate City and Guilds Examination in July 1962, instead of 1963 as originally intended. Their training will be completed by a two-year course of study in the United Kingdom.

LABORATORY TECHNICIANS

330. The training of Laboratory Technicians and Laboratory Assistants, has continued throughout the year and all training is now undertaken at the Mulago Hospital Laboratory. It is anticipated that by 1963 there will be about

14 trainees who will be eligible to take the Intermediate Examination of the Institute of Medical Laboratory Technology. The Institute have indicated their willingness to send an Examiner to East Africa for the purpose of holding the examination locally in 1963, subject to the results of their initial visit and discussions to be held in 1962. The Ministry of Health, Kenya, have indicated that they will also have a number of candidates wishing to sit this examination. Three Laboratory Assistants were awarded Protectorate Government Scholarships to proceed overseas to study for the A.I.M.L.T. It is estimated that by the end of 1965 there will be 17 local Africans possessing the A.I.M.L.T. In 1960, a Laboratory Assistants Examination and Training Panel was formed which arranges and co-ordinates training and examinations for all grades of Laboratory staff.

ASSISTANT RADIOGRAPHERS

331. There were no further intakes to this three-year course during the period under review, and when the present trainees have completed their training in March 1962, the course will be discontinued. Four of the trainees were awarded Protectorate Government Scholarships in order to study for Membership of the Society of Radiographers. It is estimated that by the end of 1963 there will be 10 African Radiographers possessing the M.S.R.

RADIOGRAPHY ASSISTANTS

332. The above course will be replaced by one to train twelve Radiography Assistants, the aim being to produce a limited number of boys and girls to carry out simple practical X-ray procedures in districts which do not warrant the services of a more highly trained officer. The duration of the course will be sixteen months and will be undertaken at the X-ray Department in Mulago Hospital.

DISPENSERS

333. The three-year course for Dispensers continued during the period under review.

STORES ASSISTANTS

334. The three-year course for Stores Assistants continued unchanged as in past years. There were over 400 applicants from the Kampala and Entebbe districts alone, for the five places on the course commencing during the period under review.

335. A talk was given by the Senior Medical Officer (Training) to schools, in June, over the schools' broadcast service of Uganda Broadcasting Service, on "Careers Open to Boys and Girls in the Ministry of Health".

COMMONWEALTH TECHNICAL TRAINING WEEK

336. The Ministry of Health took an active part in Commonwealth Technical Training Week, from 29th May to 4th June, and, during this week, opened all its Training Schools to the general public and had a stand in the Central Exhibition in Kampala. This stand, manned by a Health Inspector and a Nurse/Midwife, was always surrounded by a large crowd, particularly schoolchildren,

enquiring about training courses run by the Ministry of Health. The Ministry also had a vehicle in the Float Procession. The Nurses (Male) Training School at Lira put on a particularly fine Exhibition which was attended by over 500 persons, mostly schoolchildren, during the week.

W.H.O. FELLOWSHIPS

337. One Medical Officer took up a Fellowship for the study of malaria eradication. One Health Inspector was awarded a Fellowship for a course of study leading to the Diploma in Health Education. Two Medical Assistants were awarded Fellowships under the E.P.T.A. scheme for Health Education.

TRAINING BY MISSIONS

338. As in former years, a number of Mission units continued to train staff both for their own use and for employment in Government and private institutions. The Nsambya Roman Catholic Mission Hospital and the Mengo Church Missionary Society Hospital both train nurses and midwives. During the period under review 39 certificated nurses and 35 midwives have qualified from these two hospitals, and on 30th June, 1961, the hospitals had 173 student nurses and 113 pupil midwives in training. In addition to these two hospitals, Kalongo Mission Hospital had 5 midwives qualifying in May 1961, and have 21 in training. In addition Ngora Mission Hospital commenced training in February 1961, with 11 pupil midwives.

VII.—INTERNATIONAL ORGANISATIONS

339. The attack phase of the Kigezi malaria eradication project entered its second year of operation in June 1960, and remained under the direction of the World Health Organisation Malariologist, Dr. J. de Zulueta, throughout the year. Operations continued in the malarious areas of the north and the highland areas around Lake Bunyonyi, Mutanda and Kimbuga. The same techniques were used as in the previous year; that is, the spraying within buildings of a solution of D.D.T. wettable powder applied at the rate of 2 gm. D.D.T. per square metre and the distribution of a chloroquin/pyrimethamine pill to everyone in the sprayed areas at the time of spraying. The excellent co-operation of the people in ensuring that their houses were left open and water made available at the time of spraying was maintained.

340. Surveys revealed a dramatic drop in the malaria parasite rate. In north Kigezi where, prior to spraying, the parasite rate had been 16·6 per cent, only 28 cases of malaria were found during the calendar year 1960. At Lake Bunyonyi a sample survey covering 1,500 persons and representing 10 per cent of the population protected brought to light only two cases of malaria.

341. It has been known for some time that malaria in the Kigezi highlands is of an unstable nature, appearing in small outbreaks and disappearing spontaneously. An example of this occurred in December, 1960 and January, 1961, in an area close to Kabale (altitude 6,000 ft.) from which 20 malaria cases were admitted to Kabale Hospital. A survey of the area brought to light a further 31 cases. The parasite in one case was *P. malariae* and in all the other

cases *P. falciparum*. House captures were entirely *A. funestus*. Spraying, coupled with anti-malaria drug distribution in this area, brought the total of persons protected in Kigezi to 99,500.

342. Eight cases due to *P. falciparum* and six due to *P. malariae* were discovered during a survey in north Kigezi, below the 3,700 ft. contour. Two of these cases at least were imported.

343. The epidemiological studies of Project staff in Masaka District ceased in April, 1961. Results point to perennial transmission in the areas studied. It was found also that the virus causing the disease O'nyong-nyong had an inhibitory effect on the development of the malaria parasite either in the mosquito or human host. An outbreak of O'nyong-nyong had been followed by a drop in the malaria transmission rate.

344. A brief survey of the malaria situation in West Nile and Acholi by Project staff indicated that malaria incidence in those districts is high but hyperendemic rather than holcendemic, as the brunt of the disease falls on children aged two to ten years and not on children in the first year of life. Particularly in Acholi, the spleen rate in children aged two to ten years was found to exceed 50 per cent. The vectors found were *A. funestus* along the Nile and *A. gambiae* in Acholi. In general, malaria conditions in the parts of West Nile and Acholi examined were very similar to the conditions found in north Kigezi prior to the eradication operation.

UNITED NATIONS' CHILDREN'S FUND

345. The Ministry of Health continued to receive a considerable amount of material assistance from the Fund.

346. Supplies of dried skimmed milk have been good. Assistance in the strengthening of maternal and child health services has been generous and U.N.I.C.E.F. has borne the whole cost of the establishment of a Chair of Paediatrics at Makerere College. The sum of \$92,000 was allocated to Uganda for the period 1960/61 for assistance in school feeding and gardens, nutrition, health training and education in the Bukedi District. Considerable aid has continued to be given in the country's leprosy control programme and in the provision of health education materials.

U G A N D A P R O T E C T O R A T E

MINISTRY OF HEALTH

Medical Services

Statistical Records.

for the year ending 1st July, 1960 to
30th June, 1961.

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TABLE I.

STAFF INFORMATION.HONOURS 1960/61

Miss R. Angus ... Matron in Chief ... M.B.E.

Post-graduate Diplomas and Degrees

Dr. J.W. Kibuka Musoke	...	Medical Officer ...	M.R.C.P. (Edin.)
Dr. S.K. Kyalwazi	...	Medical Officer ...	F.R.C.S. (London)
Dr. J.M. Welchman	...	Medical Officer ...	D.M.R.D. (Bristol)
Dr. W.M. Daly	...	Medical Officer ...	D.P.H. (London)
Dr. N.O. Edyegu	...	Medical Officer ...	D.P.H. (Dundee)
Dr. D.K. Gray	...	Medical Officer ...	D.P.H. (London)
Dr. J.H. Gesa	...	Medical Officer ...	D.P.H. (Dundee)
Dr. S.M. Mackenzie	...	Medical Officer ...	D.P.H. (Aberdeen)
Dr. S.C. Buck	...	Medical Officer ...	D.P.H. (London)
Dr. A.M. Baker	...	Medical Officer ...	D.P.H. (London)
Dr. S.B. Bosa	...	Medical Officer ...	D.P.M. (London)
Mr. D.J. Traini	...	Dental Surgeon	D.P.D. (Dundee)

Headquarters Administrative Staff

Minister	...	H.J. Croot, M.B., B.S., F.R.C.S., L.R.C.P.
	...	D.J.K. Nabeta (from 14.4.1961)
Permanent Secretary and Chief Medical Officer	...	C.W. Davies, M.R.C.S., L.R.C.P., D.P.H.
Deputy Chief Medical Officer	...	B.E.C. Hopwood, M.R.C.S., L.R.C.P., D.P.H., D.I.H., Barrister at Law.
Principal Medical Officers	...	E.M. Clark, M.R.C.S., L.R.C.P., D.T.M.&H. (retired)
	...	D.G. Snell, M.B., B.S., D.T.M. & H., D.P.H.
	...	A.F. Fowler, M.R.C.S., L.R.C.P., D.T.M. & H., D.P.H.
Matron in Chief	...	Miss R. Angus, M.B.E., S.R.N. (retired)
	...	Miss T. Thompson, M.B.E., S.R.N., S.C.M., R.F.N.
Chief Pharmacist	...	J.C. Baird, M.P.S., Ph.C., D.B.A. (retired)
	...	E. Musson, F.P.S., Ph.C., M.R.S.H.
Chief Health Inspector	...	L. Lewis, M.R.S.H., R.S.I. & S.I.S. joint board.
Under Secretary	...	E.C. Weir, M.A.
	...	H.H. West, F.E.A.A. (From 7.6.1961)
Chief Executive Officer	...	E.J. Kennard, F.C.C.S.

E S T A B L I S H M E N T - 1960/61Administrative and General

- 1 Minister
- 1 Permanent Secretary and Chief Medical Officer
- 1 Deputy Chief Medical Officer
- 1 Under Secretary
- 2 Principal Medical Officers
- 3 Senior Medical Officers
- 1 Chief Executive Officer
- 1 Senior Accountant
- 2 Accountants
- 2 Establishment Officers

Medical and Specialists

- 3 Senior Specialists
- 13 Specialists
- 6 Senior Medical Officers
- 124 Medical Officers, Medical Officers (E. A.),
Senior Assistant Surgeons and Assistant Surgeons
- 12 Registrars
- 1 Nutritionist
- 5 Nutrition Assistants

Dental

- 9 Dental Surgeons
- 4 Dental Technicians
- 3 Dental Assistants

Nursing

- 1 Matron in Chief
- 8 Matrons
- 1 Senior Nursing Tutor
- 14 Nursing Tutors
- 1 Health Visitor Tutor
- 112 Nursing Sisters and Health Visitors
- 322 Senior Medical Assistants and Medical Assistants
- 440 Nurses, Midwives and Nurse/Midwives
- 264 Senior Nursing Orderlies and Nursing Orderlies
- 2 Orthopaedic Assistants
- 1 Welfare Worker

TABLE II. (Cont'd.)

- 1 Warden
- 10 Housekeepers
- 12 Domestic Assistants

Laboratories

- 1 Senior Pathologist
- 4 Pathologists
- 2 Government Chemists
- 1 Assistant Government Chemist
- 1 Bio-Chemist
- 1 Senior Laboratory Technician
- 7 Laboratory Technicians
- 64 Senior Laboratory Assistants and Laboratory Assistants

Entomological

- 3 Senior Entomologists
- 3 Field Officers
- 12 Senior Field Assistants and Field Assistants
- 3 Entomological Orderlies

Radiological

- 2 Senior Radiographers
- 7 Radiographers
- 2 X-Ray Assistants
- 1 Receptionist/Secretary
- 10 Senior Assistant Radiographers and
Assistant Radiographers

Physiotherapy

- 3 Physiotherapists

Pharmaceutical and Stores

- 1 Chief Pharmacist
- 6 Pharmacists
- 1 Senior Storekeeper
- 4 Storekeepers
- 1 Inspector of Drugs
- 5 Assistant Storekeepers
- 33 Stores Assistants
- 64 Senior Dispensers and Dispensers

Hygiene and Sanitation

1	Chief Health Inspector
1	Principal, School of Hygiene
1	Instructor of Hygiene
24	Senior Health Inspectors
135	Senior Health Inspectors (E.A.) and Health Inspectors
200	Senior Health Assistants and Health Assistants

Nervous Diseases Hospital

1	Chief Male Nurse
9	Charge Nurses
1	Matron
1	Nursing Tutor
1	Sister in Charge
4	Sisters
12	Mental Nurses

Sleeping Sickness

2	Inspectors
1	Field Assistant

General and Clerical

2	Senior Accounts Officers
4	Accounts Officers
5	Section Officers
15	Accounts/Office Assistants
1	Physiological Laboratory Superintendent
1	Senior Hospital Superintendent
4	Hospital Superintendents
17	Assistant Hospital Superintendents
1	Commercial Artist
1	Medico Social Worker
13	Personal Secretaries
4	Dicta Typists
2	Instrument Mechanics
2	Machine Operators
14	Telephone Operators
3	Receptionists
12	Hospital Cooks
2	Mechanics
3	Foremen
149	Clerks

TABLE II (Cont'd.)

2	Dark Room Assistants
1	Silk Screen Operator
21	Artisans
2	Artificial Limb Makers
2	Mortuary Attendants
1	Senior Hospital Headman
14	Drivers
2,208	Subordinate Service Staff

LEGISLATIONMEDICAL PRACTITIONERS AND DENTISTS ORDINANCE CAP. 93

Gazette Extraordinary No.7 of 1st February, 1961 gave a list of Medical Practitioners and Dentists.

G.N. 172 of 1961 approved Lady Grigg Maternity Home, Mombasa, as able to provide suitable facilities for licentiates in Medicine and Surgery (East Africa).

G.N. 768 of 1961 approved hospitals in Kampala, Nairobi, Mombasa and Dar es Salaam as able to provide suitable facilities for licentiates in Medicine and Surgery (East Africa).

PUBLIC HEALTH ORDINANCE CAP. 98

G.N. 1377 of 1960 - Appointment of Hindu Crematorium, Entebbe.

G.N. 1536 - Appointment of Cemetery and Crematoria.

G.N. 389 - Appointment of Cemeteries and Crematoria under Section 112 of the Ordinance.

G.N. 505 notified the resignation of two members and the appointment of a new member of the Advisory Board of Health.

L.N. 181 of 1960 - Rules - to be read in conjunction with Public Health (Meat) Rules (Vol.VII, page 1759).

L.N. 273 of 1960 - Rules. L.N. 123, which was amended by L.N. 45 and 175 of 1960, is further varied by additions to the areas mentioned in Schedule.

SCIENTIFIC COMMITTEE ON HUMAN NUTRITION IN UGANDA

G.N. 1513 of 1960 notified replacement of Dr. D.G. Snell by Dr. A.F. Fowler as a member. (G.N. 1008 of 1959 is varied accordingly).

THE PHARMACY AND POISONS ORDINANCE, 1957, Ord. 22

G.N. 1564 appointed Registrar under Section 5 (1) of the Ordinance.

G.N. Nos. 1565 to 1567 amends G.N. Nos. 835, 463, and 459.

G.N. 1568 issued licence to a firm under Part I and II Poisons to sell wholesale poisons.

G.N. 1569 listed persons and a firm granted to deal in certain poisons for mining, agricultural or horticultural purposes.

G.N. 1570 registered a Pharmacist in accordance with Part II of the Ordinance.

G.N. 1571 - deletion of registered premises from Register

G.N. 1573 deleted a Pharmacist from the Register under Section 10 (2) of the Ordinance.

TABLE III (Cont'd.)

G.N. 1574 amends No. 457 of 1960.

G.N. 429 listed premises registered under Section 23 of the Ordinance.

G.N. 430 listed hospitals, dispensaries and similar institutions to obtain and supply or dispense Part I poisons under Sections 29(1) (f) and 31 (1) for the purpose of medical, dental or veterinary treatment.

G.N. 431 listed persons and firms issued with licence to sell poison in Part II of the List.

G.N. 432 listed firms licenced to sell Part I and II poisons by wholesale.

G.N. 433 listed persons and firms licenced to deal in certain poisons named for mining, agricultural or horticultural purposes.

G.N. 434 listed persons and firms granted a licence to manufacture medicine for the treatment of human ailments.

G.N. 435 listed pharmacists registered under Part II of the Ordinance.

G.N. 791 notified that the Registrar is also an authorised officer under Section 2 (1) of the Poisons Ordinance.

G.N. 792 appointed an Inspector of Drugs under Section 2 (1) of the Ordinance.

G.N. 793 drew attention to Section 28 of the Ordinance.

G.N. 794 listed pharmacists registered in accordance with Part II of the Ordinance.

G.N. 795 listed persons and firms granted licence for mining, agricultural or horticultural purposes.

G.N. 796 listed persons and firms licenced to sell poisons under Part II of the List.

G.N. 797 issued licence to a firm under Part I and II to sell wholesale poisons.

L.N. 165 of 1960 to be read in conjunction with Poisons List Confirmation Order, 1958 (L.N. 267 of 1958)

L.N. 170 of 1960 to be read in conjunction with the Pharmacy & Poisons Rules, 1958 (L.N. 266 of 1958).

SLEEPING SICKNESS ORDINANCE CAP. 100 Revised Edition 1951

L.N. No. 257 of 1960 proclaimed Kazinga-Nyakahiga-Kikorongo no longer an affected area.

L.N. No. 79 of 1961 amended L.N. 34 of 1950, 161 of 1952 and 170 of 1952 re East Madi - Western Gulu Restricted Area.

L.N. No. 116 of 1961 amended Vol. VII page 1808 re South Busoga Restricted Area.

NURSES MIDWIVES AND MEDICAL ASSISTANTS ORDINANCE

G.N. 228 of 1961 appointed Miss T. Thomson, M.B.E. and Miss C. Beavers as Members of the Council.
G.N. 727 of 1959 is varied accordingly.

L.N. 63 of 1961 - to be read in conjunction with Nurses, Midwives and Medical Assistants Rules, 1959 (L.N. 249 of 1959)

G.N. 446 of 1961 elected Sister B. O'Connor as representative member for Registered Nurses on Council.
G.N. 727 of 1959 varied accordingly.

G.N. 36 of 1961 appointed Miss E. Meadows to replace Miss R. Angus as Registrar of the Council.
G.N. 727 of 1959 varied accordingly.

G.N. 37 of 1961 listed local supervisory authorities to which private midwives should report before 31st January, 1961.

THE ADVISORY COMMITTEE ON VOLUNTARY MEDICAL SERVICES

G.N. 1580 announced the appointment of Dr. M.A. Williams to be a member in place of Dr. P.E. Doyle.

THE MENTAL TREATMENT ORDINANCE CAP. 99

G.N. 1734 listed persons to be Visitors of Mental Hospitals under Section 24 of the Ordinance.

CHARGES FOR GOVERNMENT MEDICAL AND DENTAL SERVICES

G.N. 174 amended the charges.

GRANTS-IN-AID TO VOLUNTARY MEDICAL SERVICES REGULATIONS, 1961

G.N. No. 245 replaces G.N. Nos. 375 of 1959 and 453 of 1960.

TABLE IV.

LIST OF SCIENTIFIC PUBLICATIONS FOR ANNUAL
REPORT, 1961.

1. O'nyong-nyong Fever: An epidemic virus Disease in East Africa. I. - Introduction.
Haddow A.J. Davies C.W. & Walker A.J. (1960)
Trans. R. Soc. Trop. Med. Hygiene.
54, 517
2. Placentel Implant in a Case of Arterial Sclerosis.
Eckhart P. (1960)
East African Med. J. 37, 723
3. Supplementary Feeding in Schools: The Case for Action.
Kagwa A. (1960)
E.Afr: Med. J. 37, 661
4. Syphilitic Occlusion of the Subclavian Artery.
Kibukamusoke J.W. (1960)
E.Afr: Med. J. 37, 550
5. The Treatment of Onchoceriasis.
Cherry, J.K.T. (1960)
E.Afr: Med. J. 37, 550
6. The Results of the First Year of a Malaria Eradication Pilot Project in Northern Kigezi (Uganda).
Zulueta J. de, Kafuko G.W. Allen J.R.,
Pederson C.K.
E.Afr: Med. J. 38.1
7. Endocrine Dysfunction in a Nakalanga Dwarf.
Marshall A.J., Cherry J.K.T. (1961)
Trans. R.Soc. Trop. Med. Hygiene 55, 188
8. The Effect of Tropical and Other Environmental Factors on Status and Subcutaneous Fat in Kampala Nursery School Children.
Welbourn H.F. (1961)
Arch. Dis. Child. 36, 200
9. "Ethionamide with Streptomycin in Active Tuberculosis".
Hutton P.W. Tonkin I.
Tubercle, 41, 253
10. "Comparative Trial of Isoniazid in High Dosage and in Low Dosage in Treatment of Active Pulmonary Tuberculosis in East Africans". (E.A. Brit.M.R.C., Isoniazid Investigation).
Hutton P.W., Williams, A.W. and others.
Tubercle, 41, 399
11. "Field Survey of the Health of Bachiga Children in the Kayonza District of Kigezi, Uganda".
Jelliffe, D.B. Bennett, F.J. Stroud, C.E.
Nouotny, M.E. Karrach, H.A. Musoke, L.K.
Jelliffe, E.F.P. (1961)
Amer. Jour. Trop. Med. & Hyg. 10, 435

TABLE V.

SUMMARY OF REVENUE AND EXPENDITURE

REVENUE.

Year	Hospital Fees and other receipts	Capitation Fees	Grants from other E. A. Governments	Recoveries from Students	Reimbursements	Total
	£	£	£	£	£	£
1956/57	52,532	10,393	7,500	-	-	70,425
1957/58	63,865	17,642	7,500	9,775	-	98,782
1958/59	69,249	17,827	7,800	18,826	83,417	197,119
1959/60	75,171	17,894	7,950	18,950	12,227	132,192
1960/61	81,914	17,589	7,500	18,807	60,845	186,655

EXPENDITURE

Year	Personal Emoluments.	Other Charges	Special Expenditure	Total
	£	£	£	£
1956/57	885,281	571,700	32,235	1,489,216
1957/58	973,886	619,956	81,035	1,674,877
1958/59	1,105,479	728,118	61,506	1,895,103
1959/60	1,187,715	906,034	10,610	2,104,359
1960/61	1,355,530	899,099	6,439	2,261,068

DETAILS OF REVENUE.

1959/60		1960/61	
Actual		Estimated	Actual
£		£	£
68,629	CHARGES FOR SERVICES RENDERED -		
1,987	Medical and dental charges and hospital and		
1,987	X-ray fees	61,450	76,766
	Nursing Sisters quarters	1,750	1,544
4,556	SERVICES SUBJECT TO PART PAYMENT TO OFFICERS -		
	Medical Fees: Workman's Compensation Ordinance ...	3,500	3,604
75,171	TOTAL REVENUE	66,700	81,914
7,575	CAPITATION FEES -		
10,319	Medical attendance: Railway and Marine Staff ...	7,500	7,610
	Other bodies	7,000	9,979
7,950	OTHER SERVICES -		
18,950	Grants from other East African Territories	7,500	7,500
12,227	Recoveries from Students	20,000	18,807
	Reimbursements from African Authorities, Municipalities, etc.	99,800	60,845
132,192	TOTAL RECEIPTS	208,500	186,655

TABLE V. (Cont'd.)=

DETAILS OF EXPENDITURE

1959/60		1960/61	
		Estimated	Actual
Actual			
£		£	£
	STAFF -		
1,187,715	Personal Emoluments	1,375,300	1,355,530
65,293	Casual Labour	70,000	67,290
93,061	Travelling and Transport	84,550	82,847
460	Duty Passages	600	78
1,133	Medico-Legal Travelling	1,750	1,374
9,697	Part reimbursement of fees collected by officers from private patients.	12,000	9,792
856	Workman's Compensation: Payments to Government Medical Practitioners.	900	882
3,332	Medical and Nursing attendance to private practitioners and nurses.	4,600	3,663
3,173	Courses of instruction	7,240	4,878
164	Financial assistance to departmental medical officers for research.	200	177
1	Revenue refunds: miscellaneous	380	446
250	Honoraria and fees payable to consultants.	160	265
3,944	Fees for sessional work by general practitioners	4,650	4,174
183	Staff recreation: purchase of equipment	300	241
266	English classes for nurses.	400	247
	MATERIALS -		
288,539	Stores, Drugs and equipment	300,000	232,684
-	Operation and maintenance of vehicles and transport of stores.	11,500	11,673
1,187	Incidentals	1,210	1,174
636	Publications	1,000	725
339	Teaching equipment for training schools.	500	479
	UPKEEP -		
76,145	Post Office services, water and electricity	74,500	79,584
101,422	Food and fuel for hospitals, laboratories and training centres.	105,000	96,511
-	Maintenance of sleeping sickness clearings.	8,720	6,188
	HYGIENE -		
16,883	Control of epidemic and endemic diseases	10,000	20,251
1,987	Public Health Propaganda	1,500	1,458
	SPECIAL EXPENDITURE -		
214	Purchase of safes and cash boxes	250	207
197	Maternity services at Mengo and Nsambya Hospitals	1,500	2,366
2,776	Replacement of Motor Vehicles	2,650	3,866
	SUBVENTIONS -		
300	London School of Hygiene and Tropical Medicine	300	485
50	British Empire Leprosy Relief Association	50	50
501	Bureau of Hygiene and Tropical Diseases	501	501
1,935	British Red Cross Society - Uganda Branch	1,200	1,200
1,500	St. John's Ambulance Brigade	1,500	1,500
-	Subventions - Unicef.	-	1,000
	GRANTS -		
60,933	Grants to Voluntary Medical Services	64,000	67,376
2,044	Grant to Infantile Malnutrition Unit	2,350	2,350
113,717	Grant to H.H. the Kabaka's Government	158,090	114,496
4,781	Grant for transferred services: increased cost	4,000	3,000
8,443	Grants to Leprosy Settlements	13,000	12,974
100	Lady Cook Memorial Prize and Foundation	100	100
-	Red Cross Blood Transfusion Service	2,250	2,530
	MISCELLANEOUS -		
34	Committee and Boards: Expenses	400	152
NIL.	Conferences, tours: Expenses of unofficials and visitors.	700	976
40,974	Leave Passages	49,000	61,578
NIL.	Legal Expenses	9	1,750
2,095,165	TOTAL: MINISTRY OF HEALTH: £.	2,378,810	2,261,068

TABLE VI

CAPITAL EXPENDITURE - SUMMARY

1959/60		1960/61	
Actual		Estimated	Actual
£		£	£
282,696		269,200	142,261
394,181	Public Works Extraordinary - Medical Buildings*	822,000	745,486
42,471	New Mulago Hospital	116,360	79,698
	Other Capital Expenditure		
719,348		1,207,560	967,445

*For details see below.

CAPITAL EXPENDITUREMEDICAL BUILDINGS.Details.

					Total Scheme Value	1960/61	
						Estimated	Actual
					£	£	£
1	Mulago - Staff Hostel	...	...	...	31,500	4,000	4,109
2	Butabika hospital for nervous diseases	...	...	...	311,800	105,800	25,721
3	Mbarara - midwives training centre	...	...	...	30,000	20,000	19,069
4	Medical Units - alterations and improvements				-	33,000	22,674
5	Mbale - out-patients and township dispensary				49,000	35,000	31,765
6	Mbale - Medical Assistants training centre				24,500	15,000	12,192
7	Fort Portal - Operating Theatre	...	...	...	12,000	2,000	4,285
8	Gulu - out-patients department	...	...	...	13,200	1,200	262
9	Tuberculosis pavilions - Moroto, Gulu, Kitgum, Arua and Soroti	...	...	...	10,000	8,000	3,566
10	Moroto - maternity unit	...	...	...	5,000	4,000	2,251
11	Jinja - childrens' ward	...	...	...	8,000	8,000	4,809
12	Gulu - operating theatre...	...	...	...	8,000	8,000	-
13	Hoima - operating theatre	...	...	...	8,000	8,000	272
14	Fort Portal - water supply renewal	...	...	...	4,000	4,000	3,170
15	Institutional housing	...	...	...	-	6,200	221
16	Mbarara - Nurses hostel	...	...	...	11,500	7,000	6,932
17	Soroti Health Office	...	...	...	2,000	-	963
					-	269,200	142,261

TABLE VII.

ESTIMATED EXPENDITURE AFRICAN LOCAL GOVERNMENT
FOR THE YEAR 1960/61

	<u>Recurrent</u> £	<u>Non-recurrent</u> £
NORTHERN PROVINCE		
Acholi	5,265	4,672
Lango	7,742	2,550
Madi	1,272	1,000
West Nile	4,507	925
Karamoja	2,586	600
EASTERN PROVINCE		
Busoga	23,256	17,635
Bukedi	10,812	5,155
Bugisu	9,864	238
Teso	16,491	13,958
WESTERN PROVINCE		
Ankole	5,139	3,393
Bunyoro	4,009	4,560
Kigezi	5,942	1,665
Toro	6,655	4,390
BUGANDA		
H.H. the Kabaka's Government	82,323	10,575
*Transferred services	162,090	4,000

* Protectorate Government's contribution.

TABLE VIII.

SUMMARY OF ALL MEDICAL BEDS
30TH JUNE, 1961.

1	2	3	4	5	6	7	8	9	10	11
	GOVERNMENT HOSPITALS	VOLUNTARY HOSPITALS	GOVT. DISPEN- SARIES AND MATERNITY UNITS	NON-GOVERNMENT DISPENSARIES AND MATERNITY UNITS	MILITARY HOSPITALS	INDUSTRIAL HOSPITALS	PRIVATE NURSING HOMES	PRISONS	TOTALS	TOTAL 30.6.60
Kampala Area	1,486	566	-	-	-	-	43	* 30	2,125	1,975
Buganda (exclud- ing Kampala Area)	615	286	581	454	-	124	50	22	2,132	2,162
Eastern P.	908	244	909	545	35	72	34	66	2,813	2,686
Northern P.	565	479	444	74		-	-	23	1,585	1,305
Western P.	542	309	661	39		107	-	18	1,676	1,589
TOTALS:	4,116	1,884	2,595	1,112	35	303	127	159	10,331	9,717
TOTALS 30.6.60	4,015	1,466	2,477	1,200	28	350	91	90	9,717	

* Excluding beds at Murchison Bay Prison Hospital which are included in column 2.

GOVERNMENT HOSPITALS

TABLE IX.

(Bed Strength as on 30.6.61)

HOSPITAL	NUMBER & CATEGORY OF BEDS					GRADING OF BEDS		
	General	Infectious and Tuberculosis	Maternity	Mental	Total	A	B	C & D
Mulago	497	104 (100)	69	-	670	6	-	664
Nakasero	95	-	25	-	120	70	50	-
Mental Hospitals								
Mulago,	-	-	-	160	160	1	1	158
Butabika (with	-	-	-	290	290	-	-	290
Broadmoor)	-	-	-	200	200	-	-	200
Murchison Bay								
Prison Hospitals	36	10 (10)	-	-	46	-	-	46
KAMPALA AREA:-	628	114 (110)	94	650	1486	77	51	1358
Entebbe	51	16 (16)	24	-	91	-	-	91
Masaka	166	58 (40)	61	-	285	-	8	277
Bombo*	57	-	16	-	73	-	-	73
Mityana*	54	10 (10)	17	-	81	-	-	81
Mubende*	55	16 (16)	14	-	85	-	-	85
BUGANDA (exclud- ing Kampala area)	383	100 (82)	132		615		8	607
Mbale	145	46 (40)	36	-	227	4	16	207
Soroti	83	18 (12)	22	3	126	-	6	120
Jinja (Kiira)	10	-	2	-	12	12	-	-
Jinja (District)	236	32 (16)	33	-	301	-	23	278
Namasagali	30	-	6	-	36	-	-	36
Tororo	139	43 (39)	24	-	206	-	2	204
EASTERN PROVINCE	643	139 (107)	123	3	908	16	47	845
Gulu	70	20 (20)	30	-	120	-	-	120
Kitgum	32	10 (10)	22	-	64	-	-	64
Arua	55	27 (27)	22	-	104	-	-	104
Moyo	43	8 (8)	10	-	61	-	-	61
Lira	99	48 (40)	23	-	170	-	-	170
Moroto	46	-	-	-	46	-	-	46
NORTHERN PRO- VINCE	345	113 (105)	107	-	565	-	-	565
Fort Portal	69	32 (32)	20	-	121	4	-	117
Kabale	88	33 (28)	12	-	133	-	3	130
Mbarara	80	36 (36)	45	-	161	-	6	155
Hoima	40	-	15	-	55	-	-	55
Masindi	43	13 (13)	16	-	72	-	3	69
WESTERN PROVINCE	320	114 (109)	108	-	542	4	12	526
PROTECTORATE TOTALS :	2319	580 (513)	564	653	4116	97	118	3901

NOTES: (1) * Buganda Government Hospitals.

(2) A figure in brackets after the total of Infectious and Tuberculosis beds denotes beds specially designed for Tuberculosis cases.

TABLE X.

VOLUNTARY HOSPITALS

(Bed strength as on 30.6.61)

HOSPITAL	AUTHORITY	BEDS		
		GENERAL	MATERNITY	TOTAL
Mengo	Board of Governors	143	53	196
Nsambya	R.C.M.	175	75	250
Rubaga	R.C.M.	100	20	120
KAMPALA AREA		418	148	566
Kisubi (Mengo)	R.C.M.	129	36	165
Nkozi (Mengo)	R.C.M.	49	32	81
Kitovu (Masaka)	R.C.M.	21	19	40
BUGANDA (excluding Kampala area)		199	87	286
St. Anthony's (Tororo)	R.C.M.	12	12	24
Kamuli (Busoga)	R.C.M.	69	43	112
Freda Carr, Ngora (Teso)	C.M.S.	88	20	108
EASTERN PROVINCE		169	75	244
Lacor, Gulu (Acholi)	R.C.M.	73	27	100
Kalongo (Acholi)	R.C.M.	38	54	92
Kitgum (Acholi)	R.C.M.	32	82	114
Aber (Lango)	R.C.M.	-	45	45
Amudat (Karamoja)	B.C.M.	20	-	20
Angal (West Nile)	R.C.M.	30	18	48
Kuluva (West Nile)	A.I.M.	52	8	60
NORTHERN PROVINCE		245	234	479
Ishaka (Ankole)	S.D.A.	62	11	73
Kisiizi (Kigezi)	C.M.S.	36	14	50
Mutolere (Kigezi)	R.C.M.	74	6	80
Virika (Toro)	R.C.M.	86	20	106
WESTERN PROVINCE		258	51	309
<u>PROTECTORATE TOTALS :</u>		1289	595	1884

Note

A.I.M.	African Inland Mission
B.C.M.	Bible Churchmans' Mission
C.M.S.	Church Missionary Society
R.C.M.	Roman Catholic Missions
S.D.A.	Seventh Day Adventist Mission

TABLE XI.

GOVERNMENT MEDICAL UNITS OTHER THAN HOSPITALS

DISTRICT Units	Category	Ref. Centre	Location	General	Maternity	Total
<u>BUGANDA</u>						
(* indicates unit operated by Central Government; all others by Buganda Government).						
<u>MENGO EAST</u>						
Bowa	SD	Kampala	28mN	0	0	0
Bulkwe	D&MU	"	38mE	19	16	35
Buvuma Island	D	"	48mE	6	0	6
Kalagala	SD	"	20mN	0	0	0
Kasangati	D	"	9mNE	17	0	17
Kojja	SD	"	22mSE	0	0	0
Kome Island	SD	"	30mS	0	0	0
Luwero	H.C.	"	39mN	16	16	32
Mukono	D	"	14mE	23	0	23
Nakasongola	D	"	79mN	8	0	8
Nakifuma	SD	"	29mNE	0	16	16
* Namulonge	D	"	14mNE	4	0	4
Ntenjeru	HC	"	45mNE	17	16	33
Semuto	D	"	41mNW	15	0	15
Wakiso	D	"	10mNE	12	0	12
15				137	64	201
<u>MENGO WEST</u>						
Buwama	D	"	41mSW	12	0	12
Kanoni (Tondola)	D	"	56mSW	14	0	14
Kassanda	SD	"	58mNW	12	0	12
Kiboga	D&MU	"	79mNW	12	12	24
Mpigi	H.C.	"	21mSW	23	17	40
Mwera	SD	"	36mW	0	0	0
6				73	29	102
<u>MUBENDE</u>						
Kakindu	D	Mubende	55mN	4	0	4
Kakumiro	H.C.	"	20mN	16	14	30
Kibale	D&MU	"	40mNW	14	13	27
Kyannasoke	D&MU	"	60mNW	10	12	22
Madudu	D	"	14mN	2	0	2
5				46	39	85
<u>MASAKA</u>						
Bukasa, Sese Is.	SD	Masaka	54mE	1	0	1
Kakuto	D&MU	"	42mS	20	11	31
Kalangala, Sese Is.	D&MU	"	38mE	7	4	11
Kalisizo	H.C.	"	19mS	32	14	46
Kalungu	D&MU	"	17mN	17	12	29
Kyebe	D	"	51mS	17	0	17
Lyantonde	D	"	42mW	17	9	26
Rakai	D	"	35mS	19	0	19
Sembabule	D	"	26mNW	13	0	13
9				143	50	193
TOTAL UNITS: 35				TOTAL BEDS: 399	182	581

TABLE XI. (Cont'd.)

GOVERNMENT MEDICAL UNITS OTHER THAN HOSPITALS.

EASTERN PROVINCE.

DISTRICT Units	Category	Ref. Centre	Location	General	Maternity	Total
<u>BUGISU</u>						
Atar (Kapchorwa)	SD	Mbale	46mNE	0	0	0
Bubulo	H. C.	"	16mSE	48	11	59
Budadiri	D&MU	"	18mNE	44	20	64
Bukigai	D&MU	"	24mSE	16	9	25
Bukwa	D	"	100mNE	4	0	4
Buluganya	SD	"	29mNE	0	0	0
Bupoto	D	"	25mSE	2	0	2
Busiu	SD	"	11mS	0	0	0
Buwalasi	SD	"	11mNE	0	0	0
Mbale Town	SD	"	-	0	0	0
Muyembe	D	"	25mNE	4	0	4
Nakupa	SD	"	19mSE	0	0	0
12				118	40	158
<u>TESO</u>						
Ajeluk	SD	Soroti	23mSE	0	0	0
Akum (Nariam)	SD	"	46mNE	0	0	0
Amuria	H. C.	"	23mN	26	16	42
Apapai	SD	"	33mSW	0	0	0
Bukedea	D&MU	"	45mSE	30	12	42
Kaberamaido	D&MU	"	45mW	20	14	34
Kapelebyong	D	"	46mN	22	0	22
Katakwi	D&MU	"	33mNE	14	12	26
Kumi	D	"	30mSE	22	0	22
Kyere	SD	"	21mS	0	0	0
Magoro	SD	"	50mE	0	0	0
Mukura	SD	"	22mSE	0	0	0
Orungo	SD	"	32mNW	0	0	0
Serere	D&MU	"	18mSW	54	12	66
Tiriri	SD	"	19mNW	0	0	0
Wera	SD	"	17mNE	0	0	0
16				188	66	254
<u>BUSOGA</u>						
Bugembe	MU	Jinja	4mNE	0	20	20
Bugiri	D	"	47mE	28	0	28
Buyende	D	"	58mN	24	0	24
Kaliro	D	"	47mNE	30	0	30
Kamuli	D	"	38mN	24	0	24
Kiyunga	D&MU	"	30mNE	24	10	34
Namung'alwe	H. C.	"	33mNE	23	10	33
Namwenda	D&MU	"	30mN	23	10	33
Nsinze	D&MU	"	57mNE	22	12	34
9				197	62	259
<u>BUKEDI</u>						
Budaka	H. C.	Mbale	18mNW	34	12	46
Butaleja	D&MU	Tororo	27mNW	30	12	42
Kamuge	D&MU	Mbale	27mNW	46	12	58
Lumino	D	Tororo	32mS	32	0	32
Masafu	D&MU	"	24mS	15	17	32
Nagongera	D	"	12mW	28	0	28
6				185	53	238
TOTAL UNITS: 43				688	221	909

TABLE XI. (Cont'd.)

GOVERNMENT MEDICAL UNITS OTHER THAN HOSPITALS.

NORTHERN PROVINCE

DISTRICT Units	Category	Ref. Centre	Location	General	Maternity	Total
<u>ACHOLI</u>						
Anaka	D	Gulu	35mSW	19	0	19
Atanga	D	"	35mNE	12	0	12
Atiak	D	"	44mN	8	0	8
Awach	D	"	22mNE	4	0	4
Awere	D	"	48mE	6	0	6
Bobo	H.C.	"	15mS	6	0	6
Lira Kato	D	"	113mE	10	0	10
Lokung	SD	Kitgum	30mNW	0	0	0
Madi Opei	D	"	28mNE	6	0	6
Naam Okero	D	"	36mNE	8	0	8
Pajule	D	"	24mS	12	0	12
Palabek	D	"	25mNW	8	0	8
Patongo	D	Gulu	93mE	8	0	8
				107	0	107
<u>WEST NILE</u>						
Ajumani	D	Moyo	25mS	8	0	8
Angal	D	Arua	46mSE	12	0	12
Bondo	D	"	16mS	12	0	12
Koboko	D	"	24mN	12	0	12
Laropi	D	Moyo	17mS	8	0	8
Logiri	D	Arua	18mS	12	0	12
Maracha	D	"	18mN	12	0	12
Matuma	SD	"	60mN	0	0	0
Obongi	D	Moyo	32mS	4	0	4
Okollo	D	Arua	40mSE	12	0	12
Omugo	D	"	24mNE	12	0	12
Paidha	D	"	44mS	12	0	12
Pakwach	D	"	40mSE	12	0	12
Rhino Camp	D	"	32mE	8	0	8
Wandi	H.C.	"	10mNE	14	0	14
Warr	D	"	28mS	12	0	12
Yumbe	D	"	40mN	17	0	17
Zaipi	D	Moyo	42mSE	4	0	4
				183	0	183
<u>LANGO</u>						
Aboke	D	Lira	21mN	12	0	12
Aduku	D	"	25mSW	14	0	14
Agwata	D	"	26mS	8	0	8
Alebtong	D	"	24mE	12	0	12
Amolitar	D	"	71mS	8	0	8
Anyeke	D	"	38mW	16	0	16
Bata	D	"	36mE	8	0	8
Dokolo	H.C.	"	36mS	20	12	32
Ibuje	D	"	53mSW	8	0	8
Orum	D	"	40mNE	8	0	8
Teboke	D	"	26mNE	20	0	20
				134	12	146
<u>KARAMOJA</u>						
Abim	SD	Moroto	72mW	1	0	1
Kaabong	SD	"	76mNW	1	0	1
Kaangole	D	"	16mW	3	0	3
Karita	SD	"	72mS	1	0	1
Kotido	SD	"	50mNW	1	0	1
Nabilatuk	SD	"	34mS	1	0	1
				8	0	8
<u>TOTAL UNITS: 48</u>						
<u>TOTAL BEDS:</u>				432	12	444

TABLE XI. (Cont'd.

GOVERNMENT MEDICAL UNITS OTHER THAN HOSPITALS.
WESTERN PROVINCE.

DISTRICT Units	Category	Ref. Centre	Location	General	Maternity	Total
<u>TORO</u>						
Bugoye	D	Fort Portal	44mS	2	0	2
Bundibugyo	D&MU	"	47mW	21	5	26
Bwera	D	"	99mS	8	0	8
Kahunge	D	"	31mS	4	0	4
Kamwenge	SD	"	41mS	0	0	0
Kasule	D	"	83mE	15	0	15
Katwe	D	"	30mS	4	0	4
Kijjura	D	"	15mN	4	0	4
Kisomoro	H. C.	"	16mSW	10	5	15
Kyegegwa	D&MU	"	69mE	12	6	18
Kyenjojo	D&MU	"	34mE	18	6	24
Nyabirongo	D&MU	"	82mS	8	10	18
12				106	32	138
<u>KIGEZI</u>						
Bufundi	D	Kabale	37mW	7	0	7
Bugangari	D	"	67mN	21	0	21
Bukinda	D	"	21mE	24	0	24
Kanungu	D&MU	"	41mNW	19	5	24
Katete	D	"	56mNW	20	0	20
Kisizi	D	"	28mN	24	0	24
Kisoro	D&MU	"	52mW	18	5	23
Mpalo	H. C.	"	12mNE	18	10	28
Nyarurambi	D	"	20mNW	22	0	22
Rubaya	D	"	21mS	19	0	19
Rukungiri	D&MU	"	52mN	44	8	52
11				236	28	264
<u>ANKOLE</u>						
Bushenyi	D&MU	Mbarara	36mW	18	10	28
Kabwohe	H. C.	"	21mW	16	10	26
Kiruhura	D	"	50mNE	12	0	12
Kinoni	D&MU	"	16mW	16	8	24
Kitwe	D	"	60mS	17	0	17
Mabona	SD	"	20mS	0	0	0
Nsika	D	"	22mN	18	0	18
Rubale	D&MU	"	52mSW	18	10	28
Rugazi	D	"	64mNW	18	0	18
Ruhoko	D&MU	"	43mN	18	10	28
Rwashamairi	D&MU	"	53mSW	22	14	36
11				173	62	235
<u>BUNYORO</u>						
Bujenji (Ikobe)	SD	Masindi	11mSW	0	0	0
Bulisa	D	"	69mNW	8	0	8
Butiaba	D	"	44mN	8	0	8
Kabwoya	SD	Hoima	27mSW	0	0	0
Kigorobya	H. C.	"	14mN	0	0	0
Kigumba	SD	Masindi	24mNE	0	0	0
Kikube	SD	Hoima	15mSW	0	0	0
Kimengo	SD	Masindi	20mSE	0	0	0
Kiryandongo	D	"	30mNE	8	0	8
Masindi Port	SD	"	29mE	0	0	0
Mparangasi	SD	Hoima	8mNE	0	0	0
Mutunda	SD	Masindi	53mNE	0	0	0
12				24	0	24
TOTAL UNITS: 46			TOTAL BEDS:	539	122	661

TABLE XII.

PRISON MEDICAL UNITS WITH BEDS

<u>KAMPALA AREA</u>	<u>Beds</u>
Murchison Bay Prison Hospitals (One resident M.O.)	-
Mengo Prison (L.G.)	12
Kiigo Prison (L.G.)	18
	<u>30</u>
<u>BUGANDA</u> (excluding Kampala Area)	
Kitalya Prison Farm (Mengo)	8
Masaka Town	4
Mutukula (Masaka)	10
	<u>22</u>
<u>EASTERN PROVINCE</u>	
Jinja Town	12
Bufulubi (L.G.)	12
Morokatipe (Tororo)	12
Mbale Town	12
Ngenge, Sebei (L.G.)	12
Soroti	6
	<u>66</u>
<u>NORTHERN PROVINCE</u>	
Kotido, Karamoja	8
Patiko, Acholi	15
	<u>23</u>
<u>WESTERN PROVINCE</u>	
Fort Portal	5
Masindi	7
Mbarara	6
	<u>18</u>
PROTECTORATE TOTAL:	<u>159</u>

NOTES.

- (1) The above table lists prisons with medical beds. All are supervised by government medical officers and have trained nursing staff who are resident or visit daily.
- (2) 46 Beds at Murchison Bay Prison Hospital are listed in Table IIA.
- (3) L.G. stands for local government.

TABLE XIII.

NON-GOVERNMENT DISPENSARIES AND MATERNITY UNITS.

BUGANDA

District Units	Authority (i)	Category (ii)	BEDS			Supervisory Body
			General	Maternity	Total	
<u>MENGO</u>						
Bukalagi	R.C.M.	SD&MU	-	16	16	Rubaga Hospital
Bugema	S.D.A.	SD	-	-	-	Ishaka Hospital
Gayaza	R.C.M.	SD&MU	-	13	13	Rubaga Hospital
Kapeka	C.M.S.	SD&MU	-	10	10	Mengo Hospital
Katende	R.C.M.	SD&MU	-	14	14	Rubaga Hospital
Kireka	S.D.A.	SD	-	-	-	Ishaka Hospital
Lutete	C.M.S.	SD&MU	-	10	10	Mengo Hospital
Mitala Maria	R.C.M.	SD&MU	-	32	32	Rubaga Hospital
Mukono	C.M.S.	SD&MU	-	24	24	Mengo Hospital
Naggalama	R.C.M.	D&MU	56	20	76	Nsambya Hospital
Nakifuma	C.M.S.	SD&MU	-	16	16	Mengo Hospital
Namagunga	R.C.M.	D&MU	20	18	38	Nsambya Hospital
Namilyango	R.C.M.	D&MU	5	17	22	Nsambya Hospital
Nandere	R.C.M.	SD	-	-	-	Rubaga Hospital
Ngogwe	C.M.S.	SD&MU	-	10	10	Mengo Hospital
Nkokonjeru	R.C.M.	D&MU	41	30	71	Nsambya Hospital
Nyenga	R.C.M.	SD&MU	-	16	16	Buluba Hospital
			122	246	368	
<u>MASAKA</u>						
Bikira	R.C.M.	SD&MU	-	21	21	Kitovu Hospital
Kabuwoko	C.M.S.	SD&MU	-	19	19	Mengo Hospital
Mitala Maria	R.C.M.	SD&MU	-	32	32	Nkozi Hospital
			-	72	72	
<u>MUBENDE</u>						
Bujjuni	R.C.M.	SD	-	-	-	
Kakindu	R.C.M.	SD&MU	-	14	14	
			-	14	14	
TOTAL UNITS 22		TOTAL BEDS	122	332	454	

TABLE XIII. (Cont'd.)

NON-GOVERNMENT DISPENSARIES AND MATERNITY UNITS.
EASTERN PROVINCE.

District Units	Authority (1)	Category (11)	BEDS			Supervisory Body
			General	Maternity	Total	
<u>BUGISU</u>						
Budadiri	R. C. M.	SD	-	-	-	Private Practitioner
Bukwa	R. C. M.	D	4	-	4	" "
Magale	R. C. M.	D&MU	44	10	54	" "
Nyondo	R. C. M.	D&MU	32	3	35	" "
Sipi	R. C. M.	D&MU	18	1	19	" "
			98	14	112	
<u>BUKEDI</u>						
Budaka	R. C. M.	SD&MU	-	10	10	Tororo Hospital
Dabani	R. C. M.	D&MU	28	22	50	Tororo Hospital
Nagongera	R. C. M.	D&MU	25	12	37	Tororo Hospital
Pallisa	R. C. M.	D&MU	20	15	35	Tororo Hospital
			73	59	132	
<u>BUSOGA</u>						
Budini	R. C. M.	D&MU	15	41	56	Kamuli Hospital
Iganga	N. A. C.	SD&MU	-	18	18	Mengo Hospital
Iganga (St. Francis)	R. C. M.	D&MU	35	31	66	Nsambya Hospital
			50	90	140	
<u>TESO</u>						
Bukedea	R. C. M.	SD	-	-	-	Tororo Hospital
Lwala	R. C. M.	D&MU	31	56	87	Tororo Hospital
Kachumbala	R. C. M.	SD	-	-	-	Tororo Hospital
Madera (Ngora)	R. C. M.	SD&MU	-	22	22	Tororo Hospital
Kumi	C. M. S.	SD	-	-	-	Freedra Carr, Ngora
Toroma	R. C. M.	SD	-	-	-	Tororo Hospital
			31	78	109	
TOTAL UNITS: 18		TOTAL BEDS	252	241	493	

TABLE XIII. (Cont'd.)

NON-GOVERNMENT DISPENSARIES AND MATERNITY UNITS.

NORTHERN PROVINCE.

District Units	Authority (i)	Category (ii)	BEDS			Supervisory Body
			General	Maternity	Total	
<u>ACHOLI</u>						
Padibe	R.C.M.	SD	-	-	-	Kitgum Hospital
<u>LANGO</u>						
Aber	R.C.M.	SD&MU	-	45	45	Kalongo Hospital
Aliwang	R.C.M.	SD	-	-	-	Kalongo Hospital
Ngeta	R.C.M.	SD	-	-	-	Kalongo Hospital
			-	45	45	
<u>KARAMOJA</u>						
Morulem	R.C.M.	SD	-	-	-	Kalongo Hospital
<u>WEST NILE</u>						
Goli	A.I.M.	D&MU	12	6	18	Kuluva Hospital
Lodonga	R.C.M.	D	11	-	11	Kalongo Hospital
Nyapea	R.C.M.	SD	-	-	-	Angal Hospital
			23	6	29	
TOTAL UNITS 8		TOTAL BEDS	23	51	74	

TABLE XIII. (Cont'd.)

NON-GOVERNMENT DISPENSARIES AND MATERNITY UNITS.

WESTERN PROVINCE.

District Units	Authority (i)	Category (ii)	BEDS			Supervisory Body
			General	Maternity	Total	
<u>ANKOLE</u>						
Butale	R.C.M.	SD	-	-	-	Rubaga Hospital
Mushanga	R.C.M.	SD	-	-	-	Rubaga Hospital
Nyamitanga	R.C.M.	SD	-	-	-	Rubaga Hospital
<u>BUNYORO</u>						
Bujumbura	R.C.M.	SD&MU	-	10	10	Virika Hospital
<u>KIGEZI</u>						
Nyakibale	R.C.M.	SD	-	-	-	Mutolere Hospital
<u>TORO</u>						
Kabarole	C.M.S.	SD&MU	-	29	29	Virika Hospital
Kagorogoro	S.D.A.	SD	-	-	-	
Ruwenzori	S.D.A.	SD	-	-	-	
Butiti	R.C.M.	SD	-	-	-	
			-	39	39	
TOTAL UNITS 9		TOTAL BEDS	-	39	39	
	PROTECTORATE TOTALS:		409	703	1112	

TABLE XIV.

SUMMARY OF PATIENTS TREATED AT GOVERNMENT INSTITUTIONS.

		KAMPALA	BUGANDA (excluding Kampala)	E. PROVINCE	N. PROVINCE	W. PROVINCE	TOTALS
<u>IN-PATIENTS</u>							
<u>HOSPITALS:</u>	Grades A.B. C.D.	3,085 12,691	139 16 ,857	1,325 36,864	43 20,464	93 19,121	4,685 105,997
Total		15,776	16,996	38,189	20,507	19,214	110,682
<u>DISPENSARIES:</u>		-	16,077	35,625	14,860	16,482	83,044
TOTAL ADMISSIONS:		15,776	33,073	73,814	35,367	35,696	193,726
<u>NEW OUT-PATIENTS</u>							
<u>HOSPITALS:</u>	Grade A. Grade D.	17,463 132,668	6,983 167,628	27,190 423,578	3,781 355,950	2,474 229,138	57,891 1,308,962
Total		150,131	174,611	450,768	359,731	231,612	1,366,853
<u>DISPENSARIES:</u>		111,282	547,226	1,219,366	892,083	520,191	3,290,148*
<u>TOTAL NEW OUT-PATIENTS:</u>		261,413	721,837	1,670,134	1,251,814	751,803	4,657,001
<u>Re-attendances:</u>	Hospitals Dispensaries	158,583 83,429	209,734 423,574	228,247 618,079	402,613 1,088,636	170,788 466,350	1,169,965 2,680,068*
TOTAL ATTENDANCES:		503,425	1,355,145	2,516,460	2,743,063	1,388,941	8,507,034
<u>DEATHS</u>							
<u>HOSPITALS:</u>	Grades A.B. C.D.	25 812	5 429	22 1,495	2 617	1 614	55 3,967
Total		837	434	1,517	619	615	4,022
<u>DISPENSARIES:</u>		-	472	793	435	265	1,965
<u>TOTAL DEATHS:</u>		837	906	2,310	1,054	880	5,987

* Table XIX does not show Kampala Dispensary Figures which are included above.

TABLE XV.

DISEASES OF OUT-PATIENTS ATTENDING GOVERNMENT HOSPITALS.

List No.	DISEASE	GRADES A & B.		GRADES C & D.		TOTAL
		Male	Female	Male	Female	
1.	Respiratory Tuberculosis	13	5	4,105	906	5,029
2.	Other Tuberculosis	2	1	50	35	88
3.	Syphilis	1	-	3,045	1,977	5,023
4.	Gonorrhoea (excluding Ophthalmia Neonatorium see 77)	9	3	23,640	11,906	35,558
5.	Other Venereal Diseases	2	2	5,149	1,851	7,004
6.	Bacillary Dysentery	45	21	4,154	2,782	7,002
7.	Amoebic Dysentery	21	19	354	181	575
8.	Diphtheria	2	1	32	12	47
9.	Whooping-cough	27	15	3,355	3,295	6,692
10.	Meningitis (excluding Tuberculous, see 2)	-	-	7	3	10
11.	Leprosy	-	-	538	513	1,051
12.	Anthrax	1	-	9	5	15
13.	Relapsing Fever	-	-	8	2	10
14.	Yaws	-	-	5,139	4,455	9,594
15.	Acute Poliomyelitis	2	-	107	80	189
16.	Acute Poliomyelitis Late Effects	1	-	287	260	548
17.	Smallpox (Variola Major)	-	-	4	-	4
18.	Smallpox (Variola Minor)	3	-	47	27	77
19.	Measles	23	19	2,636	2,514	5,192
20.	Rubella	4	4	34	10	52
21.	Chicken-pox	19	23	2,183	1,699	3,924
22.	Herpes Zoster	3	12	247	216	478
23.	Mumps	50	34	1,246	715	2,045
24.	Trachoma	8	3	2,725	3,536	5,272
25.	Malaria B.T.	24	12	507	332	875
26.	Malaria Q.T.	-	-	1,016	692	1,708
27.	Malaria S.T.	281	145	16,345	13,022	29,793
28.	Fevers not otherwise specified	911	445	54,097	47,193	102,646
29.	Trypanosomiasis	-	-	111	65	176
30.	Schistosomiasis Vesical	1	-	210	143	354

TABLE XV. (Cont'd.)

DISEASES OF OUT-PATIENTS ATTENDING GOVERNMENT HOSPITALS.

List No.	DISEASE	GRADES A & B.		GRADES C & D.		TOTAL
		Male	Female	Male	Female	
31.	Schistosomiasis Intestinal	5	2	1,263	767	2,037
32.	Tapeworm (Taeniasis)	7	1	3,197	1,875	5,080
33.	Onchocerciasis	3	-	343	438	784
34.	Ankylostomiasis (Hookworm)	11	3	5,631	4,594	10,239
35.	Ascariasis (Roundworm)	7	8	1,903	1,718	3,636
36.	Guinea-worm	-	-	471	149	620
37.	Other Helminthic Diseases	21	33	1,960	3,607	5,621
38.	Tinea	26	19	1,559	1,120	2,724
39.	Scabies	5	7	8,997	7,106	16,115
40.	Other Infective and Parasitic Diseases	60	51	252	463	826
41.	Malignant Neoplasms (including Leukaemia)	2	2	150	66	220
42.	Benign and Other Neoplasms	14	25	731	760	1,530
43.	Asthma	146	101	1,676	789	2,712
44.	Diabetes	36	28	424	218	706
45.	Kwashiorkor	4	-	1,961	2,250	4,215
46.	Vitamin Deficiency States	33	45	494	583	1,155
47.	Anaemia	91	155	2,107	2,567	4,920
48.	Other Allergic Metabolic and Blood Diseases	79	61	1,347	755	2,242
49.	Mental Disorders	13	17	213	130	373
50.	Epilepsy	5	2	146	82	235
51.	Other diseases of Nervous System	98	135	1,918	1,480	3,631
52.	Diseases of Eye (excluding Trachoma, see 24)	359	253	24,208	19,166	43,986
53.	Diseases of Nose	133	123	2,779	1,779	4,814
54.	Diseases of Ear	452	327	11,048	10,038	21,865
55.	Heart Disease	62	52	1,058	819	1,991
56.	Other Circulatory Diseases	67	49	609	480	1,205
57.	Pneumonia	30	23	6,398	4,322	10,773
58.	Other Diseases of Respiratory System	2,964	2,084	102,016	68,204	175,268
59.	Dental Caries	1,714	2,035	12,911	9,359	26,019
60.	Other Diseases of Teeth and Gums	2,068	2,131	10,499	8,284	22,982
61.	Hernia	34	24	4,568	2,249	6,875
62.	Gastro Enteritis (Age 4 weeks and over)	256	193	11,052	10,581	22,082
63.	Jaundice	8	4	571	339	922
64.	Cirrhosis of Liver	1	1	106	72	180
65.	Other Diseases of Liver and Bile Passages	30	12	67	68	177
66.	Other Diseases of Alimentary System	786	588	42,113	43,710	87,197

TABLE XV. (Cont'd.)

DISEASES OF OUT-PATIENTS ATTENDING GOVERNMENT HOSPITALS.

List No.	DISEASE	GRADES A & B.		GRADES C & D.		TOTAL
		Male	Female	Male	Female	
67.	Nephritis	2	4	97	50	153
68.	Hydrocele	1	-	1,106	5	1,112
69.	Urethral Stricture	1	-	1,185	-	1,186
70.	Other Diseases of Genito-Urinary System	209	952	4,343	7,340	12,844
71.	Diseases of Pregnancy, Birth and Puerperium	-	137	-	6,491	6,628
72.	Arthritis and Rheumatism	263	183	23,604	16,093	40,143
73.	Tropical Ulcer	8	3	33,941	19,261	53,213
74.	Infections of Skin and Subcutaneous Tissues	1,138	844	31,930	22,260	56,172
75.	Other Diseases of Musculo-Skeletal System	345	236	7,280	6,977	14,838
76.	Diarrhoea of New-born (Age 4 weeks)	8	4	1,431	1,046	2,489
77.	Ophthalmia Neonatorum	-	-	49	32	81
78.	Immaturity	-	2	38	19	59
79.	Other Malformations and Diseases of Infancy	5	7	58	96	166
80.	Fractures and Dislocations	90	52	3,137	1,688	4,967
81.	Sprains	68	30	3,376	1,106	4,580
82.	Burns and Scalds	22	18	4,078	3,681	7,799
83.	Poisoning	27	12	657	567	1,263
84.	All other Injuries and Wounds	845	506	68,011	31,928	101,290
85.	Ill-defined Diseases and Conditions	680	583	32,756	24,342	58,361
86.	Ante-Natal	-	2,157	-	62,569	64,726
87.	Child Welfare	52	72	10,759	10,015	20,898
88.	Other Examinations	1,919	1,561	28,636	16,785	48,901
89.	Immediate Admissions	412	346	16,458	18,024	35,240
90.	Smallpox Vaccinations	6,830	5,591	35,214	27,930	75,565
91.	Prophylactic Injections	6,022	5,203	9,013	5,953	26,191
T O T A L :		36,203	34,706	1,331,718	1,134,191	2,536,818

TABLE XVI.

DISEASES OF IN-PATIENTS ATTENDING GOVERNMENT HOSPITALS

List No.	DISEASE	GRADES A & B.				GRADES C & D.				TOTAL	
		Admissions		Deaths		Admissions		Deaths			
		Male	Female	Male	Female	Male	Female	Mals	Female	In-Patients	Deaths
A. 1	Tuberculosis of Respiratory System	11	5	-	1	1,169	750	112	46	1,935	159
A. 2	T. B. of Meninges and Central Nervous System	1	1	-	-	9	10	1	3	21	4
A. 3	T. B. of Intestines, Peritoneum and Mesenteric Glands	1	-	-	-	25	19	1	3	45	4
A. 4	Tuberculosis of Bones and Joints	1	-	-	-	130	50	-	1	181	1
A. 5	Tuberculosis all other forms	2	1	-	-	58	43	3	1	104	4
A. 6	Congenital Syphilis	-	-	-	-	13	6	1	-	19	1
A. 7	Early Syphilis (I and II)	1	-	-	-	11	10	-	-	22	-
A. 8	Tabes Dorsalis	-	-	-	-	3	1	-	-	4	-
A. 9	General Paralysis of Insane	1	-	-	-	10	3	2	-	14	2
A. 10a	Cardio Vascular Syphilis	1	-	-	-	14	-	1	-	15	1
A. 10c	All other Syphilis	1	-	-	-	56	19	2	1	76	3
A. 11a	Gonococcal Infections Genito-Urinary	-	-	-	-	93	151	1	-	244	1
A. 11b	Gonococcal Infectons of Eye	-	-	-	-	99	51	-	-	150	-
A. 11c	Gonococcal Infections other forms	-	1	-	-	35	20	-	-	56	-
A. 12	Typhoid Fever	10	4	1	-	429	228	44	23	671	68
A. 13	Paratyphoid and other Salmonella Infections	1	-	-	-	18	2	3	-	21	3
A. 14	Cholera	-	-	-	-	-	-	-	-	-	-
A. 15	Brucellosis (Undulant Fever)	-	-	-	-	18	6	1	-	24	1
A. 16a	Bacillary Dysentery	6	1	-	-	689	498	25	17	1,194	42
A. 16b	Amoebiasis (excluding Symptomless Carriers)	11	5	-	-	171	101	8	4	288	12
A. 16c	Other Unspecified Dysentery	5	3	-	-	196	111	5	5	315	10
A. 17	Scarlet Fever	-	1	-	-	1	2	-	-	4	-
A. 18	Streptococcal Sore Throat	1	5	-	-	15	18	-	-	39	-
A. 19	Erysipelas	1	1	-	-	-	3	-	-	5	-
A. 20	Septicemia and Pyaemia	-	-	-	-	7	5	-	-	12	-
A. 21	Diphtheria	1	2	-	-	4	3	-	-	10	-
A. 22	Whooping-cough	-	-	-	-	248	314	7	11	562	18
A. 23	Meningococcal Infections	-	-	-	-	24	15	2	2	39	4
A. 24	Plague	-	-	-	-	-	-	-	-	-	-
A. 25	Leprosy	-	-	-	-	81	26	2	1	107	3
A. 26	Tetanus	2	-	-	-	149	82	80	49	233	129

TABLE XVI. (Cont'd.)

DISEASES OF IN-PATIENTS ATTENDING GOVERNMENT HOSPITALS

List No.	DISEASE	GRADES A & B.				GRADES C & D.				TOTAL	
		Admissions		Deaths		Admissions		Deaths		In-Patients	Deaths
		Male	Female	Male	Female	Male	Female	Male	Female		
A. 27	Anthrax	1	-	-	-	11	5	-	-	17	-
A. 28	Acute Poliomyelitis	6	4	-	-	164	118	17	13	292	30
A. 29	Acute Infectious Encephalitis	-	4	-	3	12	14	2	3	30	8
A. 30	Late effects Poliomyelitis and Encephalitis	1	1	-	-	47	38	1	1	87	2
A. 31a	Smallpox Variola Major	-	-	-	-	4	1	-	-	5	-
A. 31b	Smallpox Variola Minor	-	-	-	-	36	15	-	-	51	-
A. 32	Measles	6	7	-	-	297	284	6	2	594	8
A. 33	Yellow Fever	-	-	-	-	-	-	-	-	-	-
A. 34	Infectious Hepatitis	10	6	-	-	117	97	10	3	280	13
A. 35	Rabies	-	-	-	-	1	2	-	1	3	1
A. 36a	Louse-borne Epidemic Typhus	-	-	-	-	-	-	-	-	-	-
A. 36b	Flea-borne Endemic Typhus	3	-	-	-	2	-	-	-	5	-
A. 36c	Tick-borne Typhus	3	-	-	-	-	-	-	-	3	-
A. 36d	Unspecified Typhus	-	-	-	-	47	47	1	2	94	3
A. 36e	Other Rickettsial Diseases	1	-	-	-	-	2	-	-	3	-
A. 37a	Vivax Malaria (B. T.)	2	1	-	-	66	77	2	4	146	6
A. 37b	Malariae Malaria (Qt.)	1	3	-	-	40	43	1	1	87	2
A. 37c	Falciparum Malaria (S. T.)	25	26	-	1	2001	1768	82	52	3819	135
A. 37d	Other Unspecified Malaria	42	17	-	-	2251	2158	48	45	4468	93
A. 37e	Blackwater Fever	-	-	-	-	4	2	1	-	6	1
A. 38a	Schistosomiasis Vesical	2	-	-	-	16	3	-	-	21	-
A. 38b	Schistosomiasis Intestinal	13	9	-	-	172	99	4	1	293	5
A. 39	Hydatid Disease	1	-	-	-	1	5	-	-	7	-
A. 40a	Onchocerciasis	1	-	-	-	49	20	1	1	70	2
A. 40b	Filariasis Bancrofti	-	-	-	-	20	5	-	-	25	-
A. 40c	Elephantiasis of Filaris Origin	-	-	-	-	40	5	-	-	45	-
A. 40d	Other Filariasis	-	-	-	-	26	25	-	-	51	-
A. 41	Ankylostomiasis	4	3	-	-	776	873	7	11	1656	18
A. 42a	Tapeworm	5	4	-	-	58	36	-	-	103	-
A. 42b	Ascariasis	-	-	-	-	151	146	-	-	297	-
A. 42c	Guinea-worm	-	-	-	-	29	11	-	-	40	-
A. 42d	Other Helminths	1	1	-	-	9	14	-	-	25	-
A. 43a	Lymphogranuloma Venerium (Viral)	-	1	-	-	8	6	-	-	15	-
A. 43b	Granuloma Inguinale Venereal	-	-	-	-	9	6	-	-	15	-
A. 43c	Other and Unspecified Venereal Disease	-	2	-	-	9	44	-	-	55	-

TABLE XVI. (Cont'd.)

DISEASES OF IN-PATIENTS ATTENDING GOVERNMENT HOSPITALS

List No.	DISEASE	GRADES A & B.				GRADES C & D.				TOTAL	
		Admissions		Deaths		Admissions		Deaths		In-Patients	Deaths
		Male	Female	Male	Female	Male	Female	Male	Female		
A.43d	Food Poisoning (excluding Salmonella Infections A.13)	-	-	-	-	11	8	1	-	19	1
A.43e	Relapsing Fever	-	-	-	-	18	2	-	-	20	-
A.43f	Leptospirosis (Weill's Disease)	-	-	-	-	-	-	-	-	-	-
A.43g	Yaws	1	-	-	-	17	14	-	-	32	-
A.43h	Rubella	1	-	-	-	1	1	-	-	3	-
A.43i	Chicken-pox	1	1	-	-	55	32	-	-	89	-
A.43j.	Herpes Zoster	1	-	-	-	7	4	-	-	12	-
A.43k	Mumps	2	1	-	-	11	18	-	-	32	-
A.43l	Trachoma	-	-	-	-	292	485	-	-	777	-
A.43m	Leishmaniasis	-	-	-	-	6	2	-	-	8	-
A.43n	Trypanosomiasis	-	-	-	-	129	26	4	-	155	4
A.43o	Dermatophytosis (Tinea)	-	-	-	-	-	-	-	-	-	-
A.43p	Scabies	-	-	-	-	25	30	-	-	75	-
A.43q	All other Infective and Parasitic Diseases	19	4	-	-	100	101	3	3	224	6
A.44	Malignant Neoplasm of Mouth and Pharynx	2	1	-	-	31	14	1	1	48	2
A.45	Malignant Neoplasm of Oesophagus	1	1	-	-	9	5	2	-	16	2
A.46	Malignant Neoplasm of Stomach	2	-	1	-	22	11	7	2	35	10
A.47	Malignant Neoplasm of Intestine	2	-	-	-	9	5	3	2	16	5
A.48	Malignant Neoplasm of Rectum	1	1	-	-	29	11	-	-	42	-
A.49	Malignant Neoplasm of Larynx	2	-	-	-	2	1	-	1	5	1
A.50	Malignant Neoplasm of Trachea Bronchus and Lung (not secondary)	2	-	-	1	9	7	1	2	18	3
A.51	Malignant Neoplasm of Breast	-	2	-	-	-	50	-	-	52	-
A.52	Malignant Neoplasm of Cervix Uteri	-	-	-	-	-	90	-	6	90	6
A.53	Malignant Neoplasm of other parts of Uterus	-	2	-	-	-	17	-	-	19	2
A.54	Malignant Neoplasm of Prostate	-	-	-	-	26	-	4	-	26	4
A.55a	Malignant Neoplasm of Skin of Leg	-	-	-	-	82	47	1	-	129	1
A.55b	Malignant Neoplasm of Skin other than Leg	-	-	-	-	45	19	3	3	64	6
A.56a	Malignant Neoplasm of Jaw	-	-	-	-	24	22	-	1	46	1
A.56b	Malignant Neoplasm of other Bone and Connective Tissue	-	-	-	-	45	11	4	1	56	5
A.57a	Malignant Neoplasm of Liver (Primary)	-	2	-	-	55	29	20	2	86	22
A.57b	Malignant Neoplasm of Ovary	-	-	-	-	-	26	-	-	26	-
A.57c	Malignant Neoplasm of Penis	-	-	-	-	102	-	1	-	102	1
A.57d	Malignant Neoplasm of other Unspecified Sites	5	4	-	-	106	79	18	10	194	28

TABLE XVI. (Cont'd.)

DISEASES OF IN-PATIENTS ATTENDING GOVERNMENT HOSPITALS.

List No.	DISEASE	GRADES A & B.				GRADES C & D.				TOTAL	
		Admissions		Deaths		Admissions		Deaths		In-Patients	Deaths
		Male	Female	Male	Female	Male	Female	Male	Female		
A. 58	Leukaemia and Aleukaemia	1	1	-	-	22	9	6	5	33	11
A. 59	Lymphosarcoma and other Neoplasm of Lymphatic and Haematopoietic Systems	-	-	-	-	68	15	11	2	83	13
A. 60a	Benign Neoplasm of Breast	1	9	-	-	-	29	-	-	39	-
A. 60b	Uterine Fibromyoma	-	5	-	-	-	776	-	3	781	3
A. 60c	Benign Neoplasm of Ovary	-	-	-	-	-	195	-	3	195	3
A. 60d	Other Benign and Unspecified Neoplasms	12	12	-	-	197	299	9	6	520	15
A. 61	Non-toxic Goitre	2	3	-	-	11	27	-	-	43	-
A. 62	Thyrototoxicosis with or without Goitre	4	6	-	-	5	13	-	-	28	-
A. 63	Diabetes Mellitus	26	16	1	-	130	65	7	7	237	15
A. 64a	Beriberi	-	-	-	-	3	3	-	-	6	-
A. 64b	Pellagra	-	-	-	-	4	10	-	-	14	-
A. 64c	Scurvy	1	1	-	-	34	21	2	4	55	6
A. 64d	Kwashiorkor	-	-	-	-	871	829	104	110	1,700	214
A. 64e	Other Deficiency States	1	1	-	-	238	193	33	25	433	58
A. 65a	Pernicious and other Hyperchromic Anaemias	1	6	-	-	22	17	1	2	46	3
A. 65b	Iron Deficiency Anaemias (Hypochromic)	-	-	-	-	329	354	34	16	682	50
A. 65c	Sickle-Cell Anaemia	-	-	-	-	95	59	13	2	154	15
A. 65d	Other Unspecified Anaemias	14	5	-	-	260	360	30	39	639	69
A. 66a	Asthma	35	21	-	-	311	166	9	1	533	10
A. 66b	Purpura and other Haemorrhagic Conditions	3	3	-	-	142	104	10	4	252	19
A. 66c	Other Allergic Endocrine Metabolic and Blood Diseases	10	11	-	-	102	72	2	1	195	3
A. 67	Psychoses	6	5	-	-	40	29	1	1	80	2
A. 68	Psychoneuroses and Disorders of Personality	14	23	-	-	70	66	-	2	173	2
A. 69	Mental Deficiency	2	2	-	-	38	22	-	-	64	-
A. 70	Vascular Lesions affecting Central Nervous System	8	3	-	-	78	34	17	6	123	23
A. 71a	Meningitis due to H. Influenzae	-	-	-	-	12	5	3	-	17	3
A. 71b	Meningitis due to Pneumococcus	-	-	-	-	66	44	30	15	110	45

TABLE XVI. (Cont'd.)

DISEASES OF IN-PATIENTS ATTENDING GOVERNMENT HOSPITALS.

List No.	DISEASE	GRADES A & B.				GRADES C & D.				TOTAL	
		Admissions		Deaths		Admissions		Deaths			
		Male	Female	Male	Female	Male	Female	Male	Female	In-Patients	Deaths
A. 71c	Other Meningitis (except Meningococcal A.23 and TB-A.2)	1	-	-	-	139	104	32	37	244	69
A. 72	Multiple (Disseminated) Sclerosis	1	-	-	-	1	-	-	-	2	-
A. 73	Epilepsy	10	1	-	-	62	18	2	1	91	3
A. 74	Inflammatory Diseases of Eye (except Trachoma A.431)	1	-	-	-	271	179	-	-	451	-
A. 75	Cataract	11	4	-	-	160	65	-	1	240	1
A. 76	Glaucoma	1	1	-	-	104	53	-	-	172	-
A. 77	Otitis Media and Mastoiditis	8	3	-	-	63	80	-	2	154	2
A. 78a	Otitis Externa	5	1	-	-	17	14	-	-	37	-
A. 78b	Other Diseases and Conditions of the Ear	1	5	1	-	8	15	-	-	29	1
A. 78c	Other Diseases and Conditions of the Eye	44	13	-	-	589	300	2	1	946	3
A. 79d	All other Diseases of the Nervous System	25	19	-	1	194	156	21	20	394	42
A. 79	Rheumatic Fever	3	2	-	-	26	34	-	1	65	1
A. 80	Chronic Rheumatic Heart Disease	12	9	2	2	69	74	8	5	164	17
A. 81	Arteriosclerotic and Degenerative Heart Disease	21	5	-	2	53	39	6	8	109	16
A. 82a	Acute and Subacute Bacterial Endocarditis	-	1	-	1	37	23	10	1	61	12
A. 82b	Endomyocardial Fibrosis	-	-	-	-	82	82	8	9	164	17
A. 82c	Other Diseases of Heart	21	7	-	-	217	148	36	22	393	58
A. 83	Hypertension with Heart Disease	11	-	1	-	60	27	12	2	98	15
A. 84	Hypertension without Mention of Heart	18	12	-	-	76	50	-	-	156	-
A. 85	Diseases of Arteries	7	1	-	-	23	7	5	1	38	6
A. 86	Other Diseases of Circulatory System	22	17	-	-	120	70	11	7	229	18
A. 87	Acute Upper Respiratory Infections	48	25	-	-	1,335	1190	29	27	2598	56
A. 88	Influenza	4	6	-	-	124	109	-	-	243	-
A. 89	Lobar Pneumonia	22	13	3	1	1082	726	74	39	1843	117
A. 90	Bronchopneumonia	12	6	3	-	1,342	1169	96	111	2529	210
A. 91	Primary Atypical other and Unspecified Pneumonia	8	7	-	-	196	179	15	9	390	24
A. 92	Acute Bronchitis	11	15	-	-	505	448	13	9	979	22
A. 93	Bronchitis Chronic and Unqualified	9	2	-	-	148	122	1	4	281	5
A. 94	Hypertrophy of Tonsils and Adenoids	61	51	1	-	69	52	-	-	238	1
A. 95	Empyema and Abscess of Lung	1	1	-	-	53	17	8	2	72	10
A. 96a	Pleurisy without Effusion	5	4	-	-	27	24	-	-	60	-
A. 96b	Pleurisy with Effusion without mention of T.B.	4	2	-	-	16	9	1	-	31	1
A. 97a	Pneumoconiosis	1	1	-	-	-	2	-	-	4	-

DISEASES OF IN-PATIENTS ATTENDING GOVERNMENT HOSPITALS

List No.	DISEASE	GRADES A & B.				GRADES C & D.				TOTAL	
		Admissions		Deaths		Admissions		Deaths		In-Patients	Deaths
		Male	Female	Male	Female	Male	Female	Male	Female		
A.97b	All other Respiratory Diseases	70	41	-	-	271	191	16	13	573	29
A.98a	Dental Caries	3	2	-	-	44	28	-	-	77	-
A.98b	All other Diseases of Teeth and Gums	2	4	-	-	51	32	-	-	89	-
A.99	Ulcer of Stomach	23	3	-	-	84	22	2	2	132	4
A.100	Ulcer of Duodenum	11	3	-	1	47	28	5	2	89	8
A.101	Gastritis	8	2	-	-	88	78	2	1	176	3
A.102	Appendicitis	69	41	-	-	39	15	1	1	164	2
A.103a	Hernia of Abdominal Cavity without Obstruction	36	5	-	-	1271	356	13	12	1668	25
A.103b	Hernia of Abdominal Cavity with Obstruction	3	2	-	-	921	222	54	16	1148	70
A.103c	Intussusception	1	-	-	-	61	25	18	5	87	23
A.103d	Volvulus	-	-	-	-	126	21	50	7	147	57
A.103e	Other Intestinal Obstruction without Hernia	1	2	-	1	97	61	16	14	161	31
A.104a	Gastro Enteritis and Colitis (Age 4 weeks to 2 years)	33	34	-	2	1346	1140	110	114	2553	226
A.104b	Gastro Enteritis and Colitis (Age 2 years and over)	25	19	1	-	560	539	27	33	1143	61
A.104c	Chronic Enteritis and Ulcerative Colitis	8	3	-	-	23	7	-	-	41	-
A.105	Cirrhosis of Liver	5	1	3	1	282	126	41	11	414	56
A.106	Cholelithiasis and Cholecystitis	10	20	-	1	9	10	1	1	57	3
A.107	Other Diseases of Digestive System	85	66	1	-	668	687	49	22	1486	72
A.108	Acute Nephritis	-	2	-	-	88	41	2	2	131	4
A.109	Chronic and Unspecified Nephritis	-	1	-	-	140	95	14	10	236	26
A.110	Pyelitis Pyelonephritis and other Infections of Kidney (except TB-A.5)	6	12	-	-	111	218	15	5	347	20
A.111	Calculi of Urinary System	21	3	-	1	2	-	-	-	26	1
A.112	Hyperplasia of Prostate	6	-	-	-	66	-	7	-	72	7
A.113	Diseases of Breast (except Neoplasms)	-	3	-	-	2	93	-	-	98	-
A.114a	Stricture of Urethra	17	-	-	-	869	-	38	-	886	38
A.114b	Hydrocele	5	-	-	-	381	-	-	-	386	-
A.114c	Disorders of Menstruation	-	210	-	-	-	677	-	1	887	1
A.114d	Sterility Female	-	12	-	-	-	365	-	-	377	-
A.114e	Vaginal Fistula	-	39	-	-	-	109	-	-	148	-
A.114f	All other diseases of Genito-Urinary System	71	152	1	-	770	1672	7	10	2665	18
A.114g	Pregnancy without Complication	-	-	-	-	-	314	-	2	314	2

TABLE XVI. (Cont'd.

DISEASE OF IN-PATIENTS ATTENDING GOVERNMENT HOSPITALS.

List No.	DISEASE	GRADES A & B.				GRADES C & D.				TOTAL	
		Admissions		Deaths		Admissions		Deaths			
		Male	Female	Male	Female	Male	Female	Male	Female	In-Patients	Deaths
A. 115	Sepsis of Pregnancy Childbirth and Puerperium	-	1	-	-	-	406	-	12	407	12
A. 115a	Ecto-ecclamptic Toxaemia	-	12	-	-	-	151	-	3	163	3
A. 115b	Eclamptic Toxaemia	-	3	-	-	-	26	-	7	29	7
A. 115c	Other Toxaemias of Pregnancy and Puerperium	-	3	-	-	-	37	-	1	40	1
A. 117a	Haemorrhage of Pregnancy and Childbirth (ante-natal)	-	15	-	-	-	966	-	11	981	11
A. 117b	Haemorrhage of Pregnancy and Childbirth (post-natal)	-	7	-	-	-	296	-	20	303	20
A. 118	Abortion without Sepsis or Toxaemia	-	99	-	-	-	3018	-	8	3117	8
A. 119	Abortion with Sepsis	-	6	-	-	-	700	-	1	706	1
A. 120a	Ectopic Pregnancy	-	8	-	-	-	269	-	9	277	9
A. 120b	Abnormal Labour due to Disproportion	-	3	-	-	-	637	-	30	640	30
A. 120c	Abnormal Labour due to Malposition	-	18	-	-	-	807	-	19	825	19
A. 120d	Ruptured Uterus	-	-	-	-	-	149	-	34	149	34
A. 120e	Other Complications of Pregnancy Childbirth and Puerperium	-	110	-	-	-	3710	-	42	3820	42
A. 120f	Deliveries without Complication	-	864	-	-	-	14604	-	-	15468	-
A. 120g	Deliveries before Admission	-	-	-	-	-	188	-	3	188	3
A. 121	Infection of Skin and Subcutaneous Tissue	37	23	-	-	1388	931	12	9	2379	21
A. 122	Arthritis and Spondylitis	14	7	-	-	330	159	2	-	510	2
A. 123	Muscular and Unspecified Rheumatism	4	8	-	-	107	74	-	-	193	-
A. 124	Osteomyelitis and Periostitis	9	1	-	-	216	103	2	1	329	3
A. 125	Paralysis and Acquired Musculo-skeletal Deformities (except A. 30)	9	4	-	-	15	10	-	-	38	-
A. 126a	Ulcer of Leg	4	2	-	-	583	437	-	-	1026	-
A. 126b	All other Diseases of Skin	20	15	-	-	163	94	-	1	292	1
A. 126c	Erysipelas	2	-	-	-	417	917	-	3	616	3
A. 126d	All other Diseases of Musculo-skeletal System	28	11	-	-	122	104	1	-	265	1

TABLE XVI. (Cont'd.)

DISEASES OF IN-PATIENTS ATTENDING GOVERNMENT HOSPITALS

List No	DISEASE	GRADES A & B.				GRADES C & D.				TOTAL	
		Admissions		Deaths		Admissions		Deaths		In-Patients	Deaths
		Male	Female	Male	Female	Male	Female	Male	Female		
A.127	Spina Bifida and Meningocele	2	1	-	-	6	20	-	-	29	-
A.128	Congenital Malformations of Circulatory System	2	-	-	-	12	15	-	-	29	-
A.129	Other Congenital Malformations	11	11	-	-	64	54	4	4	140	8
A.130	Birth Injuries	1	-	-	-	24	24	13	12	49	25
A.131	Post-natal Asphyxia and Atelactasis	-	-	-	-	31	55	27	37	86	64
A.132a	Diarrhoea of New-born (under 4 weeks)	1	-	-	-	59	50	2	-	110	2
A.132b	Ophthalmia Neonatorum	-	-	-	-	4	4	-	-	8	-
A.132c	Other Infections	-	-	-	-	32	44	1	3	76	4
A.133	Haemolytic Disease of New-born	2	-	1	-	4	2	3	-	8	4
A.134	All other Defined Diseases of Early Infancy	7	1	-	-	69	65	14	15	142	29
A.135a	Immaturity	1	1	1	-	239	311	64	74	552	139
A.135b	Ill-defined Diseases of Early Infancy	3	1	-	-	23	48	8	12	75	20
A.136	Senility without mention of Psychosis	-	-	-	-	20	11	1	2	31	3
A.137a	Pyrexia of Unknown Origin	24	18	-	1	984	694	64	40	1720	105
A.137b	Observation without need for further medical care	63	144	-	-	513	1321	5	3	2041	8
A.137c	All other ill-defined Causes of Morbidity	27	22	-	-	1328	1295	39	26	2672	65
AN.138	Fractures of Skull	13	7	1	-	280	40	24	9	340	34
AN.139	Fracture of Spine and Trunk	14	3	-	-	196	56	23	5	269	28
AN.140	Fracture of Limbs	124	38	1	-	1902	601	21	5	2665	27
AN.141	Dislocation without Fracture	9	-	-	-	204	74	2	-	287	2
AN.142	Sprains and Strains of Joints and Adjacent Muscle	8	9	-	-	168	60	1	-	245	1

DISEASES OF IN-PATIENTS ATTENDING GOVERNMENT HOSPITALS

List No.	DISEASE	GRADES A & B.				GRADES C & D.				TOTAL	
		Admissions		Deaths		Admissions		Deaths			
		Male	Female	Male	Female	Male	Female	Male	Female		
AN.143	Head Injury (except Fracture)	25	12	-	-	430	109	41	3	576	44
AN.144	Internal Injury of Chest Abdomen and Pelvis	4	2	1	1	185	51	26	6	242	34
AN.145	Laceration and Open Wounds	112	39	-	1	2541	653	31	9	3345	41
AN.146	Superficial Injury Contusion and Crushing with Intact Skin	24	10	-	-	525	224	1	-	783	1
AN.147	Effects of Foreign Body entering through Orifice	3	-	-	-	61	58	1	-	122	1
AN.148	Burns and Scalds	17	17	2	4	609	422	44	21	1065	71
AN.149	Effects of Poisons	20	10	-	1	386	240	18	5	656	24
AN.150	All other Unspecified Effects of External Causes	29	9	-	-	234	188	6	1	460	7
TOTALS		1,930	2,755	27	28	44,871	61,126	2,259	1,708	110,682	4,022

TABLE XVII.

DISEASES OF OUT-PATIENTS ATTENDING VOLUNTARY HOSPITALS

List No.	Disease	Male	Female	Total
1.	Respiratory Tuberculosis	174	121	295
2	Other Tuberculosis	36	31	67
3	Syphilis	768	639	1,407
4	Gonorrhoea (excluding Ophthalmia Neonatorum, see 77)	1,999	1,593	3,592
5	Other Venereal Diseases	1,238	1,345	2,583
6	Bacillary Dysentery	722	793	1,515
7	Amoebic Dysentery	420	521	941
8	Diphtheria	45	37	82
9	Whooping-cough	1,459	1,710	3,169
10	Meningitis (excluding Tuberculous, see 2)	24	13	37
11	Leprosy	189	147	336
12	Anthrax	3	1	4
13	Relapsing Fever	2	6	8
14	Yaws	550	532	1,082
15	Acute Poliomyelitis	52	29	81
16	Acute Poliomyelitis Late Effects	44	49	93
17	Smallpox (Variola Major)	-	1	1
18	Smallpox (Variola Minor)	9	12	21
19	Measles	445	444	889
20	Rubella	15	15	30
21	Chicken-pox	91	110	201
22	Herpes Zoster	37	46	83
23	Mumps	76	81	157
24	Trachoma	874	898	1,772
25	Malaria B. T.	1,458	1,842	3,300
26	Malaria Q. T.	1,060	1,207	2,267
27	Malaria S. T.	7,244	9,176	16,420
28	Fevers not otherwise specified	7,760	9,165	16,925
29	Trypanosomiasis	2	1	3
30	Schistosomiasis Vesical	3	1	4
31	Schistosomiasis Intestinal	152	160	312
32	Tapeworm (Taeniasis)	541	578	1,119
33	Onchocerciasis	33	12	45
34	Ankylostomiasis (Hookworm)	1,854	2,462	4,316

TABLE XVII.

DISEASES OF OUT-PATIENTS ATTENDING VOLUNTARY HOSPITALS

List No.	Disease	Male	Female	Total
35	Ascariasis (Roundworm)	2,350	2,873	5,223
36	Guinea-worm	28	15	43
37	Other Helminthic Diseases	738	939	1,677
38	Tinea	164	178	342
39	Scabies	801	901	1,702
40	Other Infective and Parasitic Diseases	268	246	514
41	Malignant Neoplasms (including Leukaemia)	64	110	174
42	Benign and Other Neoplasms	112	595	707
43	Asthma	352	318	670
44	Diabetes	23	31	54
45	Kwashiorkor	770	797	1,567
46	Vitamin Deficiency States	976	980	1,956
47	Anaemia	1,742	2,486	4,228
48	Other Allergic Metabolic and Blood Diseases	194	272	466
49	Mental Disorders	54	73	127
50	Epilepsy	81	55	136
51	Other Diseases of Nervous	375	439	814
52	Diseases of Eye (excluding Trachoma, see 24)	2,373	3,104	5,477
53	Diseases of Nose	369	328	697
54	Diseases of Ear	1,287	1,537	2,824
55	Heart Disease	260	349	609
56	Other Circulatory Diseases	257	291	548
57	Pneumonia	3,076	3,334	6,410
58	Other Diseases of Respiratory System	7,602	8,683	16,285
59	Dental Caries	915	1,184	2,099
60	Other Diseases of Teeth and Gums	916	1,178	2,094
61	Hernia	663	389	1,052
62	Gastro Enteritis (age 4 weeks and over)	4,221	4,894	9,115
63	Jaundice	257	226	483
64	Cirrhosis of Liver	58	28	86
65	Other Diseases of Liver and Bile Passages	282	280	562
66	Other Diseases of Alimentary System	3,478	4,107	7,585
67	Nephritis	47	74	121
68	Hydrocele	192	-	192

DISEASES OF OUT-PATIENTS ATTENDING VOLUNTARY HOSPITALS

TABLE XVII.

List No.	Disease	Male	Female	Total
69	Urethral Stricture	152	4	156
70	Other Diseases of Genito-Urinary System	1,547	6,653	8,200
71	Diseases of Pregnancy, Birth and Puerperium	-	3,505	3,505
72	Arthritis and Rheumatism	2,518	3,022	5,540
73	Tropical Ulcer	1,476	1,352	2,828
74	Infections of Skin and Subcutaneous Tissues	3,329	3,522	6,851
75	Other Diseases of Musculo-Skeletal System	521	542	1,063
76	Diarrhoea of New-born (age under 4 weeks)	177	175	352
77	Ophthalmia Neonatorum	162	219	381
78	Immaturity	86	88	174
79	Other Malformations and Diseases of Infancy	692	774	1,466
80	Fractures and Dislocations	179	101	280
81	Sprains	153	91	244
82	Burns and Scalds	330	342	672
83	Poisoning	42	39	81
84	All other Injuries and Wounds	3,835	2,634	6,469
85	Ill-defined Diseases and Conditions	1,381	1,643	3,024
86	Ante-Natal	-	34,062	34,062
87	Child Welfare	9,134	10,061	19,195
88	Other Examinations	2,712	4,787	7,499
89	Immediate Admissions	2,708	6,395	9,103
90	Smallpox Vaccinations	9	28	37
91	Prophylactic Injections	1,039	1,069	2,108
T O T A L :		96,906	156,180	253,086

TABLE XVIII.

DISEASES OF IN-PATIENTS ATTENDING VOLUNTARY HOSPITALS

List No.	DISEASES	ADMISSIONS			DEATHS		
		Male	Female	Total	Male	Female	Total
A.1	Tuberculosis of Respiratory System	121	107	228	4	2	6
A.2	T.B. of Meninges and Central Nervous System	10	13	23	1	2	3
A.3	T.B. of Intestines, Peritoneum and Mesenteric Glands	7	3	10	1	-	1
A.4	Tuberculosis of Bones and Joints	20	9	29	-	-	-
A.5	Tuberculosis all other forms	11	17	28	-	1	1
A.6	Congenital Syphilis	40	38	78	3	2	5
A.7	Early Syphilis (I and II)	44	60	104	-	-	-
A.8	Tabes Dorsalis	1	2	3	-	-	-
A.9	General Paralysis of Insane	1	-	1	-	-	-
A.10a	Cardio Vascular Syphilis	12	3	15	-	-	-
A.10c	All other Syphilis	47	103	150	-	-	-
A.11a	Gonococcal Infections Genito-Urinary	114	474	588	-	1	1
A.11b	Gonococcal Infections of Eye	13	19	32	-	-	-
A.11c	Gonococcal Infections other forms	23	43	66	-	1	1
A.12	Typhoid Fever	138	123	261	7	4	11
A.13	Paratyphoid and other Salmonella Infections	28	20	48	1	2	3
A.14	Cholera	-	-	-	-	-	-
A.15	Brucellosis (Undulant Fever)	4	7	11	-	-	-
A.16a	Bacillary Dysentery	184	168	352	9	12	21
A.16b	Amoebiasis (excluding Symptomless Carriers)	261	297	558	3	2	5
A.16c	Other Unspecified Dysentery	557	509	1,066	15	12	27
A.17	Scarlet Fever	4	1	5	-	-	-
A.18	Streptococcal Sore Throat	44	58	102	-	-	-
A.19	Erysipelas	-	1	1	-	-	-
A.20	Septicaemia and Pyaemia	9	12	21	3	3	6
A.21	Diphtheria	19	16	35	-	-	-
A.22	Whooping-cough	295	336	631	5	10	15
A.23	Meningococcal Infections	15	9	24	7	3	10
A.24	Plague	-	-	-	-	-	-
A.25	Leprosy	7	6	13	2	-	2

TABLE XVIII. (Cont'd.)

DISEASES OF IN-PATIENTS ATTENDING VOLUNTARY HOSPITALS

List No.	DISEASES	ADMISSIONS			DEATHS		
		Male	Female	Total	Male	Female	Total
A. 26	Tetanus	19	9	28	5	3	8
A. 27	Anthrax	2	-	2	2	-	2
A. 28	Acute Poliomyelitis	53	44	97	9	6	15
A. 29	Acute Infectious Encephalitis	12	9	21	1	4	5
A. 30	Late effects Poliomyelitis and Encephalitis	40	36	76	1	-	1
A. 31a	Smallpox Variola Major	2	-	2	-	-	-
A. 31b	Smallpox Variola Minor	1	1	2	-	-	-
A. 32	Measles	347	261	608	5	2	7
A. 33	Yellow Fever	-	-	-	-	-	-
A. 34	Infectious Hepatitis	58	43	101	4	5	9
A. 35	Rabies	-	-	-	-	-	-
A. 36a	Louse-borne Epidemic Typhus	-	-	-	-	-	-
A. 36b	Flea-borne Endemic Typhus	-	-	-	-	-	-
A. 36c	Tick-borne Typhus	1	1	2	-	-	-
A. 36d	Unspecified Typhus	5	5	10	-	-	-
A. 36e	Other Rickettsial Diseases	-	-	-	-	-	-
A. 37a	Vivax Malaria (B.T.)	84	104	188	-	1	1
A. 37b	Malariae Malaria (Qt.)	10	1	11	-	-	-
A. 37c	Falciparum Malaria (S.T.)	3,026	6,026	9,052	15	23	38
A. 37d	Other Unspecified Malaria	1,087	1,334	2,421	27	17	44
A. 37e	Blackwater Fever	7	6	13	-	-	-
A. 38a	Schistosomiasis Vesical	12	19	31	-	-	-
A. 38b	Schistosomiasis Intestinal	147	181	328	2	2	4
A. 39	Hydatid Disease	-	1	1	-	-	-
A. 40a	Onchocerciasis	5	3	8	-	-	-
A. 40b	Filariasis Bancrofti	5	-	5	-	-	-
A. 40c	Elephantiasis of Filarial Origin	22	3	25	-	-	-
A. 40d	Other Filariasis	9	18	27	-	-	-
A. 41	Ankylostomiasis	836	1,587	2,423	-	-	-
A. 42a	Tapeworm	116	147	263	-	-	-
A. 42b	Ascariasis	391	676	1,067	2	1	3
A. 42c	Guinea-worm	8	10	18	-	-	-
A. 42d	Other Helminths	42	52	94	-	-	-
A. 43a	Lymphogranuloma Venerium (Viral)	1	1	2	-	-	-
A. 43b	Granuloma Inguinale Venereal	4	1	5	-	-	-

TABLE XVIII. (Cont'd.)

DISEASES OF IN-PATIENTS ATTENDING VOLUNTARY HOSPITALS

List No.	DISEASES	ADMISSIONS			DEATHS		
		Male	Female	Total	Male	Female	Total
A.43c	Other and Unspecified Venereal Disease	62	141	203	-	-	-
A.43d	Food Poisoning (excluding Salmonella Infections A.13)	24	23	47	5	5	10
A.43e	Relapsing Fever	11	5	16	-	-	-
A.43f	Leptospirosis (Well's Disease)	-	-	-	-	-	-
A.43g	Yaws	65	74	139	-	-	-
A.43h	Rubella	-	-	-	-	-	-
A.43i	Chicken-pox	23	27	50	-	-	-
A.43j	Herpes Zoster	5	7	12	-	-	-
A.43k	Mumps	11	4	15	-	-	-
A.43l	Trachoma	79	122	201	-	-	-
A.43m	Leishmaniasis	-	-	-	-	-	-
A.43n	Trypanosomiasis	-	-	-	-	-	-
A.43o	Dermatophytosis (Tinea)	14	11	25	-	-	-
A.43p	Scabies	65	56	121	-	-	-
A.43q	All other Infective and Parasitic Diseases	67	52	119	-	-	-
A.44	Malignant Neoplasm of Mouth and Pharynx	2	2	4	-	-	-
A.45	Malignant Neoplasm of Oesophagus	4	1	5	2	-	2
A.46	Malignant Neoplasm of Stomach	18	8	26	5	-	5
A.47	Malignant Neoplasm of Intestine	5	5	10	-	-	-
A.48	Malignant Neoplasm of Rectum	1	1	2	-	-	-
A.49	Malignant Neoplasm of Larynx	-	1	1	-	1	1
A.50	Malignant Neoplasm of Trachea Brunchus and Lung (not secondary)	-	-	-	-	-	-
A.51	Malignant Neoplasm of Breast	2	20	22	1	1	2
A.52	Malignant Neoplasm of Cervix Uteri	-	34	34	-	1	1
A.53	Malignant Neoplasm of other parts of Uterus	-	14	14	-	-	-
A.54	Malignant Neoplasm of Prostate	7	-	7	-	-	-
A.55a	Malignant Neoplasm of Skin of Leg	5	8	13	-	-	-
A.55b	Malignant Neoplasm of Skin other than Leg	3	2	5	-	-	-
A.56a	Malignant Neoplasm of Jaw	8	1	9	-	-	-
A.56b	Malignant Neoplasm of other Bone and Connective Tissue	8	4	12	-	-	-
A.57a	Malignant Neoplasm of Liver (Primary)	14	8	22	-	-	-
A.57b	Malignant Neoplasm of Ovary	-	10	10	-	-	-

TABLE XVIII (Cont'd.)

DISEASES OF IN-PATIENTS ATTENDING VOLUNTARY HOSPITALS

List No.	DISEASES	ADMISSIONS			DEATHS		
		Male	Female	Total	Male	Female	Total
A.57c	Malignant Neoplasm of Penis	27	-	27	-	-	-
A.57d	Malignant Neoplasm of other Unspecified Sites	26	18	44	1	1	2
A.58	Leukaemia and Aleukaemia	8	3	11	1	-	1
A.59	Lymphosarcoma and other Neoplasm of Lymphatic and Haematopoietic Systems	5	4	9	-	-	-
A.60a	Benign Neoplasm of Breast	2	6	8	-	-	-
A.60b	Uterine Fibromyoma	-	499	499	-	-	-
A.60c	Benign Neoplasm of Ovary	-	133	133	-	2	2
A.60d	Other Benign and Unspecified Neoplasms	79	99	178	4	-	4
A.61	Non-toxic Goitre	-	12	12	-	-	-
A.62	Thyrotoxicosis with or without Goitre	1	9	10	-	-	-
A.63	Diabetes Mellitus	19	25	44	-	-	-
A.64a	Beriberi	-	-	-	-	-	-
A.64b	Pellagra	4	10	14	-	-	-
A.64c	Scurvy	7	9	16	-	-	-
A.64d	Kwashiorkor	193	134	327	14	15	29
A.64e	Other Deficiency States	125	127	252	10	4	14
A.65a	Pernicious and other Hyperchromic Anaemias	41	42	83	4	3	7
A.65b	Iron Deficiency Anaemias (Hypochromic)	387	556	943	13	12	25
A.65c	Sickle-Cell Anaemia	20	24	44	5	4	9
A.65d	Other Unspecified Anaemias	194	430	624	13	15	28
A.66a	Asthma	138	133	271	-	-	-
A.66b	Purpura and other Haemorrhagic Conditions	11	2	13	1	1	2
A.66c	Other Allergic Endocrine Metabolic and Blood Diseases	45	40	85	2	-	2
A.67	Psychoses	30	30	60	1	-	1
A.68	Psychoneuroses and Disorders of Personality	19	26	45	-	-	-
A.69	Mental Deficiency	15	7	22	-	-	-
A.70	Vascular Lesions affecting Central Nervous System	18	15	33	3	-	3
A.71a	Meningitis due to H. Influenzae	6	5	11	1	-	1
A.71b	Meningitis due to Pneumococcus	13	10	23	5	2	7

TABLE XVIII (Cont'd.)

DISEASES OF IN-PATIENTS ATTENDING VOLUNTARY HOSPITALS

List No.	DISEASES	ADMISSIONS			DEATHS		
		Male	Female	Total	Male	Female	Total
A.71c	Other Meningitis (except Meningococcal A.23 and TB-A.2)	52	29	81	17	8	25
A.72	Multiple (Disseminated) Sclerosis	4	2	6	-	-	-
A.73	Epilepsy	30	16	36	-	-	-
A.74	Inflammatory Diseases of Eye (except Trachoma A.431)	113	98	211	-	-	-
A.75	Cataract	19	32	51	-	-	-
A.76	Glaucoma	6	6	12	-	-	-
A.77	Otitis Media and Mastoiditis	71	81	152	-	-	-
A.78a	Otitis Externa	34	36	70	-	-	-
A.78b	Other Diseases and Conditions of the Ear	33	53	86	-	-	-
A.78c	Other Diseases and Conditions of the Eye	106	174	280	-	-	-
A.78d	All other Diseases of the Nervous System	95	82	177	3	1	4
A.79	Rheumatic Fever	21	33	54	1	-	1
A.80	Chronic Rheumatic Heart Disease	21	26	47	4	2	6
A.81	Arteriosclerotic and Degenerative Heart Disease	50	33	83	10	4	14
A.82a	Acute and Subacute Bacterial Endocarditis	1	3	4	1	1	2
A.82b	Endocardial Fibrosis	4	12	16	-	-	-
A.82c	Other Diseases of Heart	87	120	207	9	7	16
A.83	Hypertension with Heart Disease	31	42	73	3	1	4
A.84	Hypertension without Mention of Heart	45	65	110	-	-	-
A.85	Diseases of Arteries	9	10	19	1	-	1
A.86	Other Diseases of Circulatory System	60	64	124	4	8	12
A.87	Acute Upper Respiratory Infections	288	335	623	4	1	5
A.88	Influenza	101	144	245	-	1	1
A.89	Lobar Pneumonia	409	343	752	26	19	45
A.90	Bronchopneumonia	977	1,016	1,993	71	81	152
A.91	Primary Atypical other and Unspecified Pneumonia	184	183	367	6	10	16
A.92	Acute Bronchitis	535	493	1,028	2	3	5
A.93	Bronchitis Chronic and Unqualified	122	107	229	-	-	-
A.94	Hypertrophy of Tonsils and Adenoids	67	80	147	-	-	-
A.95	Empyema and Abscess of Lung	9	6	15	1	-	1
A.96a	Pleurisy without Effusion	29	13	42	2	-	2
A.96b	Pleurisy with Effusion without mention of T.B.	12	8	20	2	1	3

DISEASES OF IN-PATIENTS ATTENDING VOLUNTARY HOSPITALS

List No.	DISEASES	ADMISSIONS			DEATHS		
		Male	Female	Total	Male	Female	Total
A.97a	Pneumoconiosis	-	-	-	-	-	-
A.97b	All other Respiratory Diseases	164	182	346	2	5	7
A.98a	Dental Caries	69	64	133	-	-	-
A.98b	All other Diseases of Teeth and Gums	96	108	204	-	-	-
A.99	Ulcer of Stomach	35	25	60	1	-	1
A.100	Ulcer of Duodenum	21	14	35	-	-	-
A.101	Gastritis	98	114	212	-	-	-
A.102	Appendicitis	54	44	98	-	-	-
A.103a	Hernia of Abdominal Cavity without Obstruction	576	246	822	2	1	3
A.103b	Hernia of Abdominal Cavity with Obstruction	171	67	238	16	5	21
A.103c	Intussusception	6	4	10	1	-	1
A.103d	Volvulus	15	5	20	3	1	4
A.103e	Other Intestinal Obstruction without Hernia	37	27	64	8	6	14
A.104a	Gastro Enteritis and Colitis (Age 4 weeks to 2 years)	723	660	1,383	33	13	46
A.104b	Gastro Enteritis and Colitis (Age 2 years and over)	273	347	620	12	5	17
A.104c	Chronic Enteritis and Ulcerative Colitis	6	9	15	-	-	-
A.105	Cirrhosis of Liver	69	35	104	8	5	13
A.106	Cholelithiasis and Cholecystitis	37	36	73	-	-	-
A.107	Other Diseases of Digestive System	218	338	556	2	6	8
A.108	Acute Nephritis	26	15	41	2	1	3
A.109	Chronic and Unspecified Nephritis	28	28	56	4	-	4
A.110	Pyelitis Pyelonephritis and other Infections of Kidney (except TB-A.5)	39	114	153	-	2	2
A.111	Calculi of Urinary System	14	1	15	-	-	-
A.112	Hyperplasia of Prostate	47	-	47	1	-	1
A.113	Diseases of Breast (except Neoplasms)	1	85	86	-	-	-
A.114a	Stricture of Urethra	173	2	175	3	-	3
A.114b	Hydrocele	185	-	185	-	-	-
A.114c	Disorders of Menstruation	-	260	260	-	-	-
A.114d	Sterility Female	-	385	385	-	-	-
A.114e	Vaginal Fistula	-	48	48	-	2	2
A.114f	All other diseases of Genito-Urinary System	244	830	1,074	3	5	8

TABLE XVIII (Cont'd.)

DISEASES OF IN-PATIENTS ATTENDING VOLUNTARY HOSPITALS

List No.	DISEASES	ADMISSIONS			DEATHS		
		Male	Female	Total	Male	Female	Total
A.115	Sepsis of Pregnancy Childbirth and Puerperium	-	142	142	-	-	-
A.116a	Pre-eclamptic Toxaemia	-	93	93	-	1	1
A.116b	Eclamptic Toxaemia	-	14	14	-	4	4
A.116c	Other Toxaemias of Pregnancy and Puerperium	-	21	21	-	4	4
A.117a	Haemorrhage of Pregnancy and Childbirth (ante-natal)	-	371	371	-	1	1
A.117b	Haemorrhage of Pregnancy and Childbirth (post-natal)	-	264	264	-	19	19
A.118	Abortion without Sepsis or Toxaemia	-	1,072	1,072	-	1	1
A.119	Abortion with Sepsis	-	55	55	-	-	-
A.120a	Ectopic Pregnancy	-	81	81	-	2	2
A.120b	Abnormal Labour due to Disproportion	-	462	462	-	7	7
A.120c	Abnormal Labour due to Malposition	-	293	293	-	5	5
A.120d	Ruptured Uterus	-	78	78	-	12	12
A.120e	Other Complications of Pregnancy and Puerperium	-	1,018	1,018	-	14	14
A.120f	Delivery without Complication	-	10,893	10,893	-	-	-
A.121	Infection of Skin and Subcutaneous Tissue	424	322	746	1	3	4
A.122	Arthritis and Spondylitis	110	131	241	-	-	-
A.123	Muscular and Unspecified Rheumatism	135	158	293	-	-	-
A.124	Osteomyelitis and Periositits	43	24	67	-	-	-
A.125	Ankylosis and Acquired Musculo Skeletal Deformities (except A.30)	6	7	13	-	-	-
A.126a	Ulcer of Leg	101	76	177	-	-	-
A.126b	All other Diseases of Skin	66	73	139	1	-	1
A.126c	Pyomyositis	72	80	152	-	-	-
A.126d	All other Diseases of Musculo-Skeletal System	52	55	107	-	-	-
A.127	Spina Bifida and Meningocele	3	1	4	1	-	1
A.128	Congenital Malformations of Circulatory System	4	3	7	-	1	1
A.129	Other Congenital Malformations	34	28	62	9	8	17
A.130	Birth Injuries	20	12	32	10	4	14
A.131	Post-natal Asphyxia and Atelactasis	142	117	259	45	22	67
A.132a	Diarrhoea of New-born (under 4 weeks)	13	13	26	1	4	5
A.132b	Ophthalmia Neonatorum	36	53	89	-	1	1
A.132c	Other Infections	56	55	111	4	2	6
A.133	Haemolytic Disease of New-born	22	8	30	4	1	5

TABLE XVIII (Cont'd.)

DISEASES OF IN-PATIENTS ATTENDING VOLUNTARY HOSPITALS

List No.	DISEASES	ADMISSIONS			DEATHS		
		Male	Female	Total	Male	Female	Total
A.134	All other Defined Diseases of Early Infancy	28	24	52	7	8	15
A.135a	Immaturity	187	170	357	64	48	112
A.135b	Ill-defined Diseases of Early Infancy	25	38	63	8	9	17
A.136	Senility without mention of Psychosis	14	3	17	-	-	-
A.137a	Pyrexia of Unknown Origin	324	374	698	8	9	17
A.137b	Observation without need for further medical care	221	341	562	-	2	2
A.137c	All other Ill-Defined Causes of Morbidity	187	245	432	12	12	24
AN.138	Fractures of Skull	12	4	16	1	-	1
AN.139	Fracture of Spine and Trunk	25	8	33	1	-	1
AN.140	Fracture of Limbs	85	35	120	-	-	-
AN.141	Dislocation without Fracture	20	13	33	-	-	-
AN.142	Sprains and Strains of Joints and Adjacent Muscle	29	13	42	-	-	-
AN.143	Head Injury (except Fracture)	43	23	66	-	-	-
AN.144	Internal Injury of Chest Abdomen and Pelvis	14	4	18	1	-	1
AN.145	Laceration and Open Wounds	278	101	379	1	-	1
AN.146	Superficial Injury Contusion and Crushing with Intact Skin	76	20	96	-	-	-
AN.147	Effects of Foreign Body entering through Orifice	26	39	65	-	-	-
AN.148	Burns and Scalds	81	70	151	5	3	8
AN.149	Effects of Poisons	73	75	148	3	5	8
AN.150	All other Unspecified Effects of External Causes	103	62	165	1	1	2
T O T A L :		20,546	41,655	62,201	681	606	1,287

TABLE XIX

ATTENDANCES AT GOVERNMENT RURAL UNITS - For period31st July 1960 - 30th June 1961.

	NEW OUT-PATIENTS	RE-ATTENDANCES	IN-PATIENTS	DEATHS
<u>BUGANDA PROVINCE</u>				
Masaka	144,134	89,531	5,739	121
Mengo	338,164	278,906	8,367	324
Mubende	64,928	55,137	1,971	27
TOTAL :	547,226	423,574	16,077	472
<u>EASTERN PROVINCE</u>				
Bugisu	256,348	130,563	7,634	133
Bukedi	187,154	131,931	8,143	197
Busoga	227,650	85,669	12,273	369
Teso	548,214	369,816	7,575	94
TOTAL :	1,219,366	618,079	35,625	793
<u>NORTHERN PROVINCE</u>				
Acholi	185,997	241,688	2,617	58
Lango	241,513	188,809	5,921	102
West Nile	293,816	400,033	3,821	139
Madi	94,441	199,586	2,034	106
Karamoja	76,316	58,520	467	30
TOTAL :	892,083	1,088,636	14,860	435
<u>WESTERN PROVINCE</u>				
Bunyoro	104,016	102,786	712	18
Ankole	142,431	147,589	6,206	110
Toro	169,693	86,554	4,327	63
Kigezi	104,051	129,421	5,237	74
TOTAL :	520,191	466,350	16,482	265
PROTECTORATE TOTAL:	3,178,866	2,596,639	83,044	1,965

TABLE XX.
AN ANALYSIS OF THE PROPORTIONAL INCIDENCE OF DISEASES TREATED AT GOVERNMENT DISPENSARIES.

	Mengo	Mubende	Masaka	Busoga	Bukedi	Bugisu	Teso	Karamoja	Lango	Acholi	Madi	W. Nile	Bunyoro	Toro	Kigezi	Ankole
(1) New Cases 6 years and over	236,831	48,648	99,052	119,063	129,812	169,145	447,255	51,225	184,297	136,258	66,362	198,906	82,270	130,005	74,740	111,695
(2) New Cases 5 years and under	101,333	16,280	45,082	108,587	57,342	87,203	100,959	25,091	57,216	49,739	28,079	94,910	21,746	39,688	29,311	30,736
TOTAL	338,164	64,928	144,134	227,650	187,154	256,348	548,214	76,316	241,513	185,997	94,441	293,816	104,016	169,693	106,051	142,431
(3) Clinical Malaria with Fever	20.9	24.7	25.3	14.	17.3	23.1	14.25	8.	9.75	13.62	5.37	15.08	13.53	12.74	2.74	13.6
(4) Upper Respiratory Infection	19.5	21.6	13.5	23.9	22.2	20.9	8.97	13.4	13.75	11.34	3.88	11.61	14.58	12.519	23.14	1.60
(5) Pneumonia	1.26	0.55	1.5	1.02	0.37	0.91	0.38	1.1	0.653	0.95	0.43	1.81	0.28	8.48	3.04	1.11
(6) Early Syphilis	0.67	0.51	0.84	1.06	0.32	0.34	0.25	0.12	0.056	0.2	0.01	0.13	0.37	0.756	0.10	0.67
(7) Early Yaws	0.16	0.07	0.69	0.85	0.2	0.25	0.14	0.117	0.17	0.12	0.09	0.30	0.2	1.14	0.47	0.861
(8) Late Syphilis or Yaws	1.46	1.01	1.07	0.85	0.49	0.42	0.212	0.138	1.76	0.74	0.39	0.66	0.75	0.80	1.38	1.20
(9) Gonorrhoea	3.8	5.8	4.8	3.30	4.31	5.12	6.	0.938	2.54	0.98	0.06	0.56	2.75	2.96	0.47	1.38
(10) Diarrhoea (Over 5)	1.9	0.76	1.32	2.86	3.22	2.51	2.5	4.23	1.96	2.97	1.28	4.16	2.11	2.50	1.59	1.89
(11) Diarrhoea (Under 5)	2.46	1.34	2.15	4.67	5.84	1.48	1.97	5.76	3.63	4.57	1.42	4.57	1.84	3.67	5.51	3.48
(12) Intestinal Worms	0.7	0.8	4.46	0.307	5.28	3.62	0.03	2.18	0.35	2.14	2.25	0.81	0.250	1.58	2.52	2.61
(13) All Eye Diseases	3.8	4.16	2.73	4.57	5.68	3.7	2.71	17.56	5.30	6.11	4.08	6.64	7.27	9.22	6.78	4.43
(14) Discharging Ears	1.26	0.76	0.92	0.72	1.68	1.71	0.7	1.94	1.19	1.65	0.46	1.81	0.65	1.52	2.24	1.47
(15) Tropical Ulcer	3.19	2.86	1.61	2.46	4.85	0.7	0.93	2.43	6.38	13.47	3.02	8.42	3.46	3.13	3.28	1.64
(16) Malnutrition (5 and under)	0.9	0.71	1.03	0.75	0.58	2.54	0.01	0.110	0.197	0.24	0.21	0.29	0.12	0.49	0.42	0.52

Notes a. Incidence calculated as a percentage of patients over five years of age
b. Incidence calculated as a percentage of patients of five years and under.

SUMMARY OF GOVERNMENT MATERNITY SERVICES.

	BUGANDA		EASTERN PROVINCE	NORTHERN PROVINCE	WESTERN PROVINCE	TOTAL
	Kampala	Excluding Kampala				
Units with Maternity Beds	2	18	21	6	20	67
Maternity Beds	94	314	344	119	230	1,101
Total Admissions	7,210	17,868	20,797	4,920	8,791	59,586
Total Deliveries	4,500	11,694	12,766	2,886	5,607	37,453
Deliveries per Bed per Year	47.87	37.26	37.11	24.25	24.38	170.87
Live Births	4,603	11,944	11,383	2,770	5,681	36,387
Still Births	273	490	718	233	370	2,084
Neo-Natal Deaths	115	238	229	110	161	893
Abortions	891	1,256	924	333	645	3,949
Maternal Deaths	28	76	91	35	54	284
Ante-Natal - New Cases	11,750	41,142	57,809	8,233	37,580	156,514
Re-attendances	36,254	62,382	79,964	11,475	45,502	235,577

* Records of Non-government Mission Units were incomplete and have been omitted from this table.

TABLE XXII.

SUMMARY OF LEPROSY RETURNS - JULY 1960 - JUNE 1960

DISTRICT	Attending 1st July 1960	Intake 1960-61	Re-admitted 1960-61	Total In	Transfers Out	Discharged Cured 1960	Deaths 1960	New Abaantees	Total Out	Attending June 1962
<u>BUGANDA</u>										
Masaka	198	60	30	288	-	-	1	105	106	182
Mengo	1,552	811	29	2,392	46	144	8	214	412	1,980
Mubende	163	39	14	216	1	37	1	30	69	147
TOTAL	1,913	910	73	2,896	47	181	10	349	587	2,309
<u>EASTERN PROVINCE</u>										
Bugisu	1,139	493	26	1,658	43	21	4	247	315	1,343
Bukedi	2,522	876	241	3,739	47	336	60	707	1,150	2,589
Busoga	6,192	907	116	7,215	77	94	29	543	743	6,472
Teso	2,375	486	175	3,036	37	121	14	188	360	2,676
TOTAL	12,328	2,762	558	15,648	204	572	107	1,685	2,568	13,080
<u>NORTHERN PROVINCE</u>										
Acholi	5,532	508	242	6,282	68	1,318	24	539	1,949	3,333
Karamoja	145	21	1	167	8	-	-	26	34	133
Lango	2,137	1,282	501	3,920	8	626	5	274	913	3,007
Madi	650	454	12	1,116	11	18	2	72	103	1,013
West Nile	1,668	565	34	2,267	59	159	15	168	401	1,866
TOTAL	10,132	2,830	790	13,752	154	2,121	46	1,079	3,400	10,352
<u>WESTERN PROVINCE</u>										
Ankole	26	12	11	49	-	6	-	7	13	36
Bunyoro	777	317	166	1,260	19	53	9	357	438	822
Kigezi	8	4	-	12	5	-	-	1	6	6
Toro	2,262	429	203	2,894	75	65	5	314	459	2,035
TOTAL	3,073	762	380	4,215	99	124	14	679	916	3,299
All Clinics	27,446	7,264	1,801	36,511	504	2,998	177	3,792	7,471	29,040
Nyenga	613	190	33	836	11	66	4	63	144	692
Buluba	841	220	69	1,130	44	112	5	115	276	854
Kumi-Ongino	(a) 1,029	340	22	1,391	56	168	12	108	344	1,047
Kuluva	450	136	9	595	10	5	6	64	85	510
Bunyonyi	(b) 282	44	16	342	*	35	5	23*	63	279
TOTAL	3,215	930	149	4,294	121	386	32	373	912	3,382
T O T A L:	30,661	8,194	1,950	40,805	625	3,384	269	4,165	8,383	32,422

(a) 30 included that were omitted last year.

(b) 26 included that were omitted last year.

* 5 transfers to the Out-Patient clinic omitted.
2 transferred to Mental Hospital omitted.

TABLE XXIII.

CONSOLIDATED LEPROSY RETURNS - JANUARY 1952 - JUNE 1961

DISTRICT	Intake of Patients 1952 - 1961	Total Believed Cured 1952 - 1961	Total Deaths 1952 - 1961	Absentees 1952 - 1961	Re-admissions 1952 - 1961	Attending June 1961
BUGANDA						
Masaka	324	77	9	137	81	182
Mengo	4,649	1,947	235	754	267	1,980
Mubende	431	209	35	82	42	147
TOTAL	5,404	2,233	279	973	390	2,309
EASTERN PROVINCE						
Bugisu	2,216	517	137	568	349	1,343
Bukedi	7,223	3,306	453	1,329	454	2,589
Busoga	8,784	1,216	451	982	337	6,472
Teso	4,950	1,542	203	867	338	2,676
TOTAL	23,173	6,581	1,244	3,746	1,478	13,080
NORTHERN PROVINCE						
Acholi	7,405	2,297	259	1,343	827	3,333
Karamoja	209	3	6	72	5	133
Lango	5,582	2,153	208	820	606	3,067
Madi	1,424	289	49	177	104	1,013
West Nile	2,928	661	108	445	152	1,866
TOTAL	17,548	5,403	630	2,857	1,694	10,352
WESTERN PROVINCE						
Ankole	60	27	1	16	20	36
Bunyoro	1,889	959	100	540	532	822
Kigezi	-	-	-	2	8	6
Toro	5,383	2,144	207	1,225	628	2,035
TOTAL	7,332	3,130	308	1,783	1,188	3,299
ALL CLINICS	53,457	17,347	2,461	9,359	4,750	29,040
SETTLEMENTS						
Nyenga	3,203	1,978	149	477	93	692
Buluba	3,459	2,036	189	561	181	854
Kumi-Ongino	4,181	2,538	185	505	94	1,047
Kuluva	1,707	888	97	246	34	510
Bunyonyi	1,069	536	104	193	43	279
TOTAL	13,619	7,976	724	1,982	445	3,382
TOTALS FOR ALL UGANDA	67,076	25,323	3,185	11,341	5,195	32,422

Notes

- (a) The settlement intake includes 135 transfers from villages, already deducted from the totals in the villages.
- (b) The absentees cover 10 years and include a number who have discharged themselves and who are believed to be cured as well as a number who must have died.
- (c) Whilst some of the re-admissions must be relapses, the majority are those who for economic reasons or because of disability ceased to attend. The net total of absentees is therefore the number shown less the majority of those re-admitted.



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